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JUNE 2

**Housing and Workforce Solutions
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County of Riverside HOME-ARP Allocation Plan FY 2021/2022

HOME-ARP Allocation Plan Template

Participating Jurisdiction: County of Riverside

Date: 06/2/2022

Consultation

Before developing its plan, a PJ must consult with the CoC(s) serving the jurisdiction's geographic area, homeless and domestic violence service providers, veterans' groups, public housing agencies (PHAs), public agencies that address the needs of the qualifying populations and public or private organizations that address fair housing, civil rights, and the needs of persons with disabilities, at a minimum. State PJs are not required to consult with every PHA or CoC within the state's boundaries; however, local PJs must consult with all PHAs (including statewide or regional PHAs) and CoCs serving the jurisdiction.

Summarize the consultation process:

The County of Riverside will receive \$8,823,099 in Home Investment Partnerships - American Rescue Plan (HOME-ARP) funds from the U.S. Department of Housing and Urban Development (HUD). This supplemental funding was allocated by formula under the HOME entitlement program to address the need for homelessness assistance and supportive services. The allocation, authorized by the American Rescue Plan Act of 2021, must primarily benefit individuals and families who are experiencing homelessness, at risk of homelessness, or in other vulnerable populations at greatest risk of housing instability.

This plan includes 1) an outline of the consultation and public participation processes undertaken, 2) an assessment of the needs of qualifying populations and gaps in local housing and services systems, and 3) planned uses of HOME-ARP funds for prioritized populations and eligible activities.

In response to the HOME-ARP initiative the County of Riverside Department of Housing and Workforce Solutions (HWS) created a survey, in English and Spanish, and emailed it to over 200 members from its various representing stakeholders from affordable rental and permanent supportive housing developers and service providers (both for-profit and non-profit partners), state and local advocacy groups, homeless services providers, and community leaders that serve vulnerable populations (including but not limited to survivors of domestic violence, McKinney-Vento homeless education liaisons, individuals with intellectual and/or developmental disabilities, etc.). Additionally, this communication was forwarded to the Riverside County Continuum of Care (CoC), Housing Authority of the County of Riverside (HACR), Safe Alternatives for Everyone (SAFE) Family Justice Centers, Riverside County Department of Veterans' Services, Riverside University Health System – Behavioral Health (RUHS), and Riverside County Office on Aging (OOA). Forty-two (42) of the members provided a survey response (Surveyors). Surveyors were asked to rank the HOME-ARP four eligible uses, and category population by priority. The Production of Permanent Affordable Housing and Homeless population ranked highest.

Narrative feedback within the surveys conveyed a general consensus that a lack of permanent supportive affordable housing is the greatest barrier to assisting vulnerable populations with housing. The shortage of affordable rental units keeps vulnerable populations at constant risk of homelessness. This theme was often mentioned in connection with related issues like expanding housing services to victims of domestic violence, dating violence, sexual assault, and trafficking.

The County of Riverside Department of Housing and Workforce Solutions held the following five consultation meetings with various service providers and stakeholders:

- Riverside County Department of Veterans' Services (November 24, 2021)
- Riverside University Health System – Behavioral Health (RUHS) (December 1, 2021)
- County of Riverside Continuum of Care (CoC) (December 1st and 15th, 2021)
- Housing Authority of the County of Riverside (HACR) (December 15, 2021)
- Safe Alternatives for Everyone Family Justice Centers (SAFE) (December 22, 2021)
- Riverside County Office on Aging (OOA) (December 22, 2021)

On November 24, 2021, HWS consulted with the Riverside County Department of Veterans' Services by way of a survey. Its Department Director ranked the production of affordable housing as the highest level of service to the community, and selected the Homeless, Human Trafficked and Veterans as the most vulnerable of populations. Mentioned also is the need for transitional housing and wrap around services, along with shelters as well.

On December 1, 2021, HWS consulted with CoC's personnel and RUHS-Behavioral Health supportive services staff. At this meeting HWS provided an overview of the HOME-ARP program; discussed the eligible uses of funds; reviewed the eligible qualifying populations identified in CPD-21-10; and described the required components of the HOME-ARP allocation plan including a timeline for submitting the plan. HWS solicited questions, comments, and sought input regarding their identification of needs and gaps. Feedback from this meeting concluded that greatest need is for permanent affordable housing for the County's homeless populations. County staff received supporting documents related to the need for more affordable housing, namely, 2021 County of Riverside Needs Assessment and Gaps Analysis.

On December 15, 2021, HWS consulted with the Housing Authority of Riverside County (HACR). Its acting Deputy Director equally ranked the production of permanent affordable housing, Shelters, and Tenant-Based Rental Assistance as a high priority; and equally ranked all eligible populations as greatest in need. The HACR identified lack of affordable housing as a major need, after someone is approved for a voucher finding a unit is extremely difficult.

On December 15, 2021, HWS conducted a virtual slideshow presentation at the Continuum of Care (CoC) meeting, Exhibit G, which its membership is made up of a series of stakeholders including but not limited to social services organizations, homeless service providers, advisory boards, private organizations that address housing counseling, civil rights, the needs of persons with disabilities and other nonprofit organizations. During this consultation, HWS received verbal feedback from various CoC participating members to apply HOME APR funding toward the production of permanent supportive housing for the homeless. Please refer to Exhibit H for a detailed list of attendees.

On December 22, 2021, HWS consulted with Safe Alternatives for Everyone Family Justice Centers (SAFE). During this meeting we received supporting documents related to the need for more domestic violence survivor rehousing in Riverside County. SAFE informed County staff that the delivery of housing services to victims of domestic violence, Dating violence, Sexual assault, Stalking, and Trafficking is grossly underserved. Riverside County is home to two full time domestic violence shelters (Shelter from the Storm and Casa De Paz) both shelters have extremely limited bedspace to accommodate a large county of 2.4 million. Currently, most victims of abuse are not eligible to enter in to shelter services due to the lack of specific safety issues. To enter shelter, victims must currently be in danger, not require medical accommodations, have access to transportation (in some cases), and may not have teen boys in their family, and cannot have an active substance misuse issue. In

addition, current shelter rules place significant hardship on working mothers who must leave the shelter daily to work. Many victims who access shelter are often forced to let their jobs go. As such, the overwhelming majority of abuse victims are not eligible for services due to varying definitions of the present stage of “danger” and transition that they are in. As a result, this population is in need of permanent affordable housing.

On December 22, 2021, HWS consulted with Riverside County Office on Aging (OOA). We received literature on Homelessness and reasons for re-entry, in addition to, literature on Ending Homelessness Among Older Adults and Seniors Through Supportive Housing. The most notable difference between older and younger homeless adults is that the older adults’ compromised health status; one study found that they were 3.6 times as likely to have a chronic medical condition as homeless adults under 50. Discussed the need for individualized assistance is significant, especially for those with cognitive impairments. Regardless of the cause, cognitive impairments impact a person’s ability to follow medical recommendations, to successfully seek out healthcare services and to navigate the systems that provide public benefits, services and housing opportunities.

HWS considered feedback from consultations, and the following table summarizes the feedback received.

Please know, HWS will continue to meet with stakeholders throughout the implementation of the HOME-ARP activities in effort to assess the ongoing need of stakeholders’ clients. HWS will also strive to collaborate with stakeholders to develop and effectuate strategies that will help end chronic homelessness.

List the organizations consulted, and summarize the feedback received from these entities.

Agency/Organizations Consulted	Type of Agency/Organization	Method of Consultation	Feedback
County of Riverside Continuum of Care (CoC)	Regional organization Planning organization Services-Homeless	Homelessness Strategy Homelessness Needs – Chronically homeless Homelessness Needs – Families with children Homelessness Needs – Veterans Homelessness Needs – Unaccompanied youth	On December 15, 2021, HWS staff presented the HOME ARP program at the CoC’s regularly scheduled public meeting which is comprised of many stakeholders. CoC was consulted regarding the “Homeless Needs Inventory and Gap Analysis” section of this Plan. CoC also manages the HMIS system subrecipients report accomplishments related to homelessness. Data from HMIS is used to evaluate program performance. CoC was consulted about potential HOME-American Rescue Plan activities, fund

			<p>distribution, and collaborations.</p> <p>The CoC shared a report procured by the CoC titled Performance Assessment Gaps Analysis prepared by Lesar Development Consultants, dated June 2021. The report identified various barriers for people experiencing homelessness, but lack of affordable housing was the major barrier identified in the report. The CoC and its various stakeholders support the use of HOME ARP funds to promote development of more permanent supportive housing for the qualified populations of the HOME ARP program.</p>
<p>Safe Alternatives for Everyone (SAFE) Family Justice Centers</p>	<p>Other government - Local</p>	<p>Homelessness Strategy Homelessness Needs – Chronically homeless Families with children Veterans Unaccompanied youth Domestic/Dating Violence</p>	<p>SAFE was consulted about HOME-ARP funds and activities. SAFE reported back in support of funds to address the Domestic/Dating/Sexual Violence, Sexual Assault, Stalking, and Trafficked populations and provide housing options. SAFE identified the lack of permanent supportive housing for their clients, they are supportive of HOME ARP funds being used for the development of more affordable housing. SAFE also agreed to provide referrals should we develop projects which target people they serve.</p>

Riverside County Department of Veterans' Services	Public Agency	Homelessness Strategy Homeless Needs – Veterans	Veterans' Services was consulted about HOME-ARP qualifying populations, and activities. Needs described included: Affordable Housing, Transitional Housing, Wrap Around Services, and Shelters, as well.
Housing Authority of the County of Riverside (HACR)	Public Housing Agency	Homelessness Strategy - Public Housing Needs Rental Assistance and Counseling	<p>HACR was consulted about homeless needs. The HACR identified lack of affordable housing as a major need, after someone is approved for a voucher finding a unit is extremely difficult. We will also be working with the HACR on potentially placing Section 8 project-based vouchers on HOME ARP restricted units.</p> <p>HACR avails many of its housing resources through its Special Programs. These programs consist of Housing Opportunities for Persons with Aids (HOPWA), Emergency Shelter Grant (ESG), Homekey, Vouchers for Veterans, all programs that target populations hardest to house. The special programs team is also responsible for receiving referrals from the Coordinated Entry System for the County of Riverside. Upon successful qualification the appropriate housing is provided to the household, whether it be a housing voucher or temporary housing at a hotel.</p>
Riverside University Health System – Behavioral Health (RUHS)	Private Agency	Homelessness Strategy Homelessness Need – Adults with Disabilities	RUHS oversees the County of Riverside's Coordinated Entry System (CES) and they agreed to provide referrals from the CES for HOME ARP funded

		Unaccompanied Youth	affordable housing developments. RUSH also agreed to provide wrap around services to eligible Qualified populations for HOME ARP funded affordable housing developments if clients are referred through the CES.
Riverside County Office on Aging (OOA)	Public Agency	Homelessness Strategy – Older Adults/Adults with Disabilities	OOA was consulted about HOME-ARP funding and activities. OOA supported the need to direct funds toward the production of affordable permanent housing for the elder homeless population.

[Table 1]

Public Participation

PJs must provide for and encourage citizen participation in the development of the HOME-ARP allocation plan. Before submission of the plan, PJs must provide residents with reasonable notice and an opportunity to comment on the proposed HOME-ARP of **no less than 30 calendar days**. The PJ must follow its adopted requirements for "reasonable notice and an opportunity to comment" for plan amendments in its current citizen participation plan. In addition, PJs must hold **at least one public hearing** during the development of the HOME-ARP allocation plan and prior submission.

For the purposes of HOME-ARP, PJs are required to make the following information available to the public:

- The amount of HOME-ARP the PJ will receive,
- The range of activities the PJ may undertake.

Describe the public participation process, including information about and the dates of the public comment period and public hearing(s) held during the development of the plan:

- ***Public comment period:*** start date – April 16, 2022 end date – May 17, 2022
- ***Public Hearing:*** May 17, 2022

The Public Comment period for the HOME-ARP Allocation Plan began on April 16, 2022 and will conclude on May 17, 2022. A Public Notice was published in the Press Enterprise and Desert Sun on April 16, 2022 and included information regarding the proposed plan as well as the scheduled Public Hearing (see Exhibit A). The Public Hearing is scheduled to take place on May 17, 2022 at 9:30 a.m., as a part of the Board of Supervisors regular session assembled meeting to be held at County Administrative Center, in the meeting room of the Board located on the 1st floor of the County Administrative Center, 4080 Lemon Street, Riverside, California. Public comments may be submitted to Diana Acosta at diacosta@rivco.org or by mail at 3403 Tenth St, Suite 300, Riverside, CA 92501.

Public participation was met in accordance with the County of Riverside Citizens Participation Plan.

Notice of Public Comment Period was announced on the Housing Authority of the County of Riverside website [Click Here](#) and also on the Riverside County Economic Development Agency website [Click Here](#) (see Exhibit I).

Describe any efforts to broaden public participation:

In addition to *Press* publication in Spanish and English, HWS was successful in reaching many residents and stakeholders from varying backgrounds and populations through its public participation. HWS' efforts are summarized below.

On November 10 and 16, 2021 and January 5, and 6, 2022, HWS staff presented the HOME ARP program at various Municipal Advisory Council meetings held at the unincorporated communities of Anza, Indio Hills, Mead Valley, and Good Hope, to solicit input and consult with key stakeholders that serve and support qualifying populations identified in the HOME-ARP guidance issued by HUD in September 2021. Bilingual staff was readily available to accommodate, if needed. Surveys were disbursed to the panel and attendees. We did receive completed surveys and took into account each individual response.

On December 3, 2021, an announcement of HOME-ARP funds was broadcasted on Social Media Accounts, in English and Spanish. A link to access the survey was provided. Results from this count was considered.

A PJ must consider any comments or views of residents received in writing, or orally at a public hearing, when preparing the HOME-ARP allocation plan.

Summarize the comments and recommendations received through the public participation process:

All comments were accepted.

The overwhelming feedback we received was that there is lack of available affordable housing for the qualifying populations that these funds are intended for. The plan was modified consistent with this feedback.

Summarize any comments or recommendations not accepted and state the reasons why:

All the comments received were accepted and taken into consideration.

Needs Assessment and Gaps Analysis

PJs must evaluate the size and demographic composition of qualifying populations within its boundaries and assess the unmet needs of those populations. In addition, a PJ must identify any gaps within its current shelter and housing inventory as well as the service delivery system. A PJ should use current data, including point in time count, housing inventory count, or other data available through CoCs, and consultations with service providers to quantify the individuals and families in the qualifying populations and their need for additional housing, shelter, or services. The PJ may use the optional tables provided below and/or attach additional data tables to this template.

OPTIONAL Homeless Needs Inventory and Gap Analysis Table

Homeless													
Current Inventory						Homeless Population				Gap Analysis			
	Family		Adults Only		Vets	Family HH (as least 1 child)	Adult HH (w/o child)	Vets	Victims of DV	Family		Adults Only	
	# of Beds	# of Units	# of Beds	# of Units	# of Beds					# of Beds	# of Units	# of Beds	# of Units
Emergency Shelter	352	94	937	#	15								
Transitional Housing	40	10	45	30	20								
Permanent Supportive Housing	443	114	1,340	924	985								
Other Permanent Housing						767	1794	424	67				
Sheltered Homeless						64	513	50	35				
Unsheltered Homeless						6	1703	112	177				
Current Gap										827	619	1,688	1,574

[Table 2] Data Sources: 1. Point in Time Count (PIT); 2. Continuum of Care Housing Inventory Count (HIC); 3. Consultation

OPTIONAL Housing Needs Inventory and Gap Analysis Table

Non-Homeless			
	Current Inventory	Level of Need	Gap Analysis
	# of Units	# of Households	# of Households
Total Rent Units	245,950		
Rental Units Affordable to HH at 30% AMI (At-Risk of Homelessness)	39,180		
Rental Units Affordable to HH at 50% AMI (Other Populations)	48,480		
0%-30% AMI Renter HH w/ 1 or more severe housing problems (At-Risk of Homelessness)		35,670	
30%-50% AMI Renter HH w/ 1 or more severe housing problems (Other Populations)		35,635	
Current Gaps			718,350

[Table 3] Data Source: Comprehensive Housing Affordability Strategy (CHAS)

Describe the size and demographic composition of qualifying populations within the PJ's boundaries:

Many of the needs of the qualifying populations are similar and include the need for available housing that is affordable, shelters, wrap around services, and supportive services or assistance that could prevent homelessness or greater housing instability. The following reviews the needs of each qualifying population.

Homeless Populations

Each year, CoC is required by HUD to conduct a census of who is experiencing homelessness. The Point-in-Time (PIT) count identifies the number of people spending the night outdoors or in places not meant for human habitation. Within Riverside County, there are total of **1,998** (see Table 2) persons who were experiencing unsheltered homelessness as of December 2021. Approximately **6** are persons with at least one child. **1,703** are adults without a child. An additional **112** are adult veterans, and **177** are victims of domestic violence.

Based on the 2021 Needs Assessment and Gap Analysis report prepared by the CoC homelessness does not affect all racial and ethnic groups equally, Black and Native Americans are dramatically more likely to become homeless than their White counterparts, and they face unique barriers to exiting homelessness once connected to the homeless response system. As national research underlines, homelessness reflects the failure of social systems to serve people of all racial and ethnic groups equitably in housing, education, employment, wealth accumulation, healthcare, and justice. HWS' Racial Disparity Report highlights similar trends of disparities in Riverside County. When comparing both the total population and the total number of individuals experiencing homelessness in the County of Riverside, Multi-race, Black/African American, American Indian and Alaskan Native, and Native Hawaiian or Pacific Islander make up a higher percentage of the homeless population compared to the same group's contribution to the total population. Black/African American individuals account for only **7%** of the county's general population, but account for **18%** of individuals experiencing homelessness. In contrast, the total percentage of individuals experiencing homelessness in the two majority groups, Hispanic/Latinx and Non Hispanic White, was lower than their composition of the total population of the County of Riverside. The report also highlighted that White individuals experienced homelessness at a lower rate compared to other groups and utilized emergency shelter resources more frequently than other racial and ethnic populations. This trend persists when examining the percentage of White homeless individuals accessing permanent supportive housing programs. While white individuals make up **32%** of the homeless population, they represent **42%** of total individuals accessing permanent supportive housing services in the County of Riverside. Further analysis of data on access to shelter, permanent supportive housing, coordinated entry, and exits to permanent destination is needed to create a more accurate picture of racial disparities in Riverside County.

Individuals and Families at Risk of Homelessness

HUD defines those at risk of homelessness as individuals and families who have an income below 30% of the area median income (AMI), do not have sufficient resources or support networks to prevent them from becoming homeless, or live with instability (e.g., moving two or more times during the last 60 days due to economic reasons). According to HUD's 2014-2018 Comprehensive Housing Affordability Strategy (CHAS) data (see Exhibit F), Riverside County has **35,670** households with incomes at or below 30% of AMI (see Table 3). This segment of renters is likely living on the financial edge and may be at risk for a housing crisis event or homelessness. Individuals and families at risk of homelessness are in need of housing assistance that varies from eviction assistance, diversion assistance, or rent and utility assistance in addition to other types of

supportive services. This population is currently being serviced through the County's Emergency Rental Assistance program as it offers up to 12 months of rental assistance of unpaid rent and utilities.

Fleeing or attempting to flee domestic violence or human trafficking

The SAFE Family Justice Centers Division recently formulated a 2021 Executive Management – Emergency Financial Assistance Report in response to Domestic Violence, Sexual Assault, and Child Abuse through engaging a 12-month comprehensive analysis identifying countywide stats for victims of crime, and significant safety issues experienced by the victim. There are a total of **3,993** new clients served. **1,962** are returning clients. **1,087** adults serviced through In Person Assistance During Covid-19, and **628** Restraining Order Assistance matters. An approximate **410** persons were served through the EPO Program. An additional **564** persons received referral services through the Division of Victim Services, and **419** received referral services through the Child Advocacy Center.

The analysis found that survivors lacked easy access to short-term shelter and quick access to medical and psychological services. In our consultation with this stakeholder, they also expressed the lack of stable permanent supportive housing for their clients. In addition, there were only informal networks to connect survivors to job opportunities. Without economic independence, many survivors are caught in abusive relationships and the gains they make with traditional social services are not fully realized. Creating better access to short-term shelter and housing as well as increasing the supportive services available could help stabilize this qualifying population.

Residents living in housing instability or in unstable housing situations

Based on the Comprehensive Housing Affordability Strategy (CHAS) data (see Table 3), it shows that in the County of Riverside there is an approximate **71,305** persons in need of affordable housing of which **35,670** are extremely low-income households with income levels at or below the 30% AMI for Riverside County with one or more severe housing problems and at-risk of homelessness; and **35,635** are low-income households with income levels between the 30% - 50% AMI for Riverside County with one or more severe housing problems.

Identify and consider the current resources available to assist qualifying populations, including congregate and non-congregate shelter units, supportive services, TBRA, and affordable and permanent supportive rental housing:

The County of Riverside is working towards solving homelessness by leveraging all available resources from various County departments. The County of Riverside Department of Housing and Workforce Solutions (HWS), Housing Authority of the County of Riverside (HACR) and RUHS-Behavioral Health have been working closely with affordable housing developers in applying for state funding programs such as, No Place Like Home and Veterans Housing Homeless Prevention Program, and as a result the County of Riverside anticipates having an additional **675** permanent supportive housing (PSH) units by 2023, of which **419** units are under construction and **256** units are in the financing phase.

Collaboration between these three agencies works because, HWS is able to provide capital funding for development of housing projects; RUHS oversees supportive service programs and thus is able provide the wrap around services, which is a requirement for permanent supportive housing projects; and the HACR, which oversees the Section 8 program, is able to place Section 8 project-based vouchers on the PSH units. Leveraging of these County resources has made it possible to draw down over **\$150 million** in State funding for permanent

supportive housing projects from State programs like No Place Like Home (NPLH), Veterans Housing and Homeless Prevention Program (VHHP) and Homekey Grant funds which target similar populations likened to the HOME-ARP Qualified Populations (QPs). The collaboration of these three agencies has been so successful that HWS will be considering replicating and implementing this model moving forward and partnering with stakeholders which were consulted for this allocation plan and have expressed interest.

HWS' hope is to make a deep, and lasting impact to decrease homelessness through this consorted effort to leverage all available resources.

This is what the County of Riverside is currently doing to solve homelessness in leveraging its available resources:

- HWS implements the use of its *Emergency Solutions Grant ESG-CV2* funds to pay cost associated with the COVID-19 Rental Assistance Program. This program was allocated **\$8,565,690** in funding of this **\$3,763,113.83** is available. HWS will allocate ESG-CV2 funds to qualified, regional subrecipients to provide the rental assistance to eligible households. These funds work to prevent a family's homelessness and serves those with the greatest risk of housing instability.
- The *United Lift to Rise* program was deployed **\$105 million** in emergency rental assistance to assist **52,000** residents in Riverside County. This program provides up to 12 months of unpaid rent and utilities—plus an additional three months of future rental payments—for eligible Riverside County residents. The City of Moreno Valley and Riverside also provide Emergency Rental Assistance to those that have been impacted directly or indirectly by COVID-19. There are more rounds of funding to come.
- The County of Riverside in partnership with a nonprofit successfully secured State *Homekey* funding to acquire **6** contiguous properties in downtown Riverside that will provide **49** beds of transitional housing in the Western part of Riverside County (Project Legacy). The County of Riverside provided **\$3,900,000** in matching funds to secure the State funding for this project.
- The County provided **\$7,000,000** in *American Rescue Plan Act* funding to acquire **4** existing facilities located in the City of Palm Springs of Riverside County, that will be repurposed and provide **80** beds of transitional housing in the Eastern part of the County.
- The Housing Authority of the County of Riverside (HACR) administers and manages several programs to address housing needs with a FY 2021/2022 annual budget of **\$120 million**. The HACR receives an annual allocation to administer the Housing Choice Voucher Program (also known as Section 8) authorized by the U.S. Housing Act of 1937. The Section 8 program provides permanent rental subsidies in the form of vouchers for use in the private rental market thereby making market rate housing affordable to extremely low- and low-income families. The Section 8 program has the added benefit of providing income to local landlords who participate in the program which strengthens the local rental market. The HACR has also, placed a total of **675** Section 8 vouchers on new affordable rental housing developments units restricted as permanent supportive housing units.
- The Veterans Affairs Supportive Housing Program (VASH) program is a partnership between HUD and the Veterans Affairs to provide Section 8 vouchers plus supportive services to homeless veterans with the goal of ending homelessness among veterans. Locally, the VASH program is a partnership between HACR and the Loma Linda VA Medical Center. In 2016, the Housing Authority of the County of Riverside and other public and private partners were recognized for assisting the County in reaching "Functional-zero" veteran homelessness, becoming the first large county across the Country to achieve this federal benchmark. According to the U.S. Department of Veterans Affairs, hitting functional zero means they've instituted "a well-coordinated and efficient community system that assures homelessness is rare, brief

and non-recurring and no Veteran is forced to live on the street.” During FY 20/21, **419** formerly homeless veterans and their families received permanent housing through the HUD-VASH program. The HACR has also placed a total of **250** VASH vouchers on new affordable rental housing developments on units restricted as permanent supportive housing units for Veterans.

Additionally, the Housing Authority and Homeless Services Division will do the following activities in FY 2022/2023: 1) Participate in the Riverside County Continuum of Care and its subcommittees and Riverside Homeless Plan subcommittees to identify solutions to ending homelessness in the County by improving and increasing availability of services for homeless individuals or individuals that are at-risk of becoming homeless; 2) Work with housing developers/sponsors to create affordable housing that meets the needs of the community; 3) Attend the Riverside County Housing and Homeless Coalition meetings to evaluate our community needs and set priorities to ending homelessness. Monitor pending legislation at the federal and state level and work with local housing service providers and developers to ensure the needs of Riverside County are met; and 4) Leverage local resources with state and federal resources that create affordable housing for specific sub-populations.

The County of Riverside expects an entitlement allocation from HUD in the amount of **\$2,434,427** in HOME funds for FY 2022-2023. Of which **\$1,825,820** of the entitlement allocation and **\$700,000**, in prior program income, will be combined and allocated for New Construction/Rehabilitation that can potentially be leveraged with HOME-ARP eligible projects.

Identify any gaps within the current shelter and housing inventory as well as the service delivery system:

HWS, with the help of the CoC and other stakeholders that provided feedback, identified permanent supportive housing and rapid rehousing as ways to address the gaps in the current shelter and housing inventory to best assist people experiencing homelessness. The following details immediate gaps in the homeless system: (see Table 2)

- There is a current total system gap of **1,574** units for single adults, which includes a place to live that is affordable paired with supportive services. The County currently does not have enough resources to house this group of households by end of 2021/22.
- There is a current system gap of **2,193** annual housing or shelter units for single adults, families, and youth, which includes a place to live that is affordable paired with supportive services. Of which **619** are families and **1,574** are adults without at least one child. There are not enough resources available currently to house this group of households by end of 2021/22.
- The CoC estimates a gap of **2,495** emergency shelter beds for families, single adults, and Veterans as well as a need for transition services to reduce inflow into homelessness. Without these additional units, this group will remain in the homeless services system and will ultimately become chronically homeless.
- The increased service-levels and access to transition services are crucial to targeting and preventing households from experiencing or returning to homelessness.

Though HUD’s CHAS estimates the gap in number of households in need of rental homes in the County of Riverside, as shown in Table 3, is approximately **718,350** households, this population with need for rental assistance and counseling is being met through ESG grants, the United Lift to Rise program, and the Housing Authority of the County of Riverside.

Identify the characteristics of housing associated with instability and an increased risk of homelessness if the PJ will include such conditions in its definition of “other populations” as established in the HOME-ARP Notice:

The number one indicator of households falling into homelessness from a place of housing instability is a previous history of homelessness. Homeless assistance is generally the last resort for households in extreme poverty with few resources of their own and limited connections to others who could offer temporary, emergency support. Additionally, when other systems of care, like hospitals, behavioral health settings, child welfare, and criminal justice systems, are unable to address the reasons why people cannot stay housed, people have no alternative than turning to the homeless response system.

According to the Riverside County Office on Aging's 2018 Homelessness Policy Research Institute study, Homeless Service Outcomes and Reasons for Re-Entry, (see Exhibit E) reasons for returns to homelessness can include:

- a lack of social support to navigate the process of receiving services,
- exiting homelessness into tenuous circumstances rather than stable housing, and
- age of the head of the household, which research shows can determine the ability of securing housing options other than emergency shelter.

To prevent people from falling into homelessness, public systems for justice, anti-poverty, prevention, health (including behavioral health), child welfare and affordable housing must use data to identify how people are falling into homelessness and target prevention strategies and policies to address these areas.

Additionally, families with children, or unaccompanied youth who are unstably housed and likely to continue in that state, including those people who are doubled up in other people's homes because they lack a home of their own, are not considered to be experiencing homelessness by the U.S. Department of Housing and Urban Development (HUD) and are not eligible for its homeless assistance. These same families are, however, considered to be experiencing homelessness by the U.S. Department of Education and are eligible for additional educational services and supports.

Identify priority needs for qualifying populations:

Stakeholder engagement identified the following as priority needs:

- Lack of Permanent Supportive Housing (PSH) units,
- Section 8 choice voucher holders experience difficulties finding available units,
- Lack of units for people fleeing domestic violence, and
- A need for more Section 8 housing choice vouchers

Development of affordable housing and permanent supportive housing is the greatest need and the County intends on using HOME ARP funds to develop up to 75 units of permanent supportive housing for all HOME ARP qualifying populations.

Homeless or At-Risk of Homelessness Populations

Our consultation(s) with the CoC and its various stakeholders played a pivotal role in ensuring the allocation plan met requirements outlined in the HUD Notice CPD-21-10. Together we developed a strategy to identify and prioritize the needs of the homeless population in Riverside County. The CoC's *Performance Assessment*

and Gaps Analysis (see Exhibit B) outlines goals that address the needs of homeless veterans, people experiencing chronic or near chronic homelessness, homeless families, and youth. As identified in the *Performance Assessment and Gaps Analysis*, families and individuals struggling with homelessness will benefit from an improved crisis response system. Though the needs of each group generally overlap, each of these subpopulations may have greater needs than others. Persons who experience or are at-risk of homelessness need more affordable housing and shelter options that provide short-term, mid-term, and long-term interventions. There is a distinction between homelessness and at-risk that is important to note. Those who are at-risk of homelessness have a strong need for homelessness prevention and stabilizing services, while those who are currently homeless or experiencing chronic homelessness and are in need for more personalized street outreach and case management services.

Our consultation with the County of Riverside Office on Aging, an agency charged with developing a system of care that offers safety net services for vulnerable older persons and adults with disabilities, has taught us of the uniqueness of this population and its need for a careful approach. Older homeless persons may be difficult to engage in services due to their belief that participation might result in being “put in a home,” losing their independence, or having their money taken from them. Age-related hearing and vision loss may also contribute to a sense of heightened anxiety and lack of trust. Supporting documents, a 2011 *Ending Homelessness among Older Adults and Elders through Permanent Supportive Housing*, (see Exhibit D) provided to us in response to the call for affordable housing for this population. Recommendations were to direct HOME ARPA funding resources to developing new or existing permanent supportive housing units targeted to vulnerable populations including older adults and elders who are experiencing homelessness or who are aging in place in permanent supportive housing.

Domestic Violence Populations

Through our consultation with SAFE Family Justice Centers we learned that families or individuals fleeing domestic or dating violence need increased safety measures to minimize the risk of returning to unsafe residential environments. This qualified population has a critical need for temporary shelter for safe harboring and supportive services to help them transition to permanent supportive housing. These families and individuals also need supportive services to assist them like the legal advocacy, childcare, employment services, and case management.

Based on the 2011 *Executive Management Report* produced by SAFE Family Justice Centers of Riverside County (Exhibit C), there has been an increase in domestic violence following the COVID-19 pandemic, more families will require safe housing opportunities and supportive services.

Residents living in housing instability or in unstable housing situations

Our consultation with the County of Riverside Housing Authority helped us understand that many residents who are living in unaffordable or unsafe homes have many needs and face compounded challenges. These households need support with staying housed. While many families may gain stability through rental assistance, other families need more housing options that are safe and affordable. However, most of these households will also need a livable wage and supportive services to create long-term self-sufficiency.

According to the point-in-time count (reference Table 2), to date, there are **1,304** emergency shelter Year-Round (YR) beds and **105** transitional housing beds in the County of Riverside CoC. Transitional Housing (TH) is used to cover the costs of housing while providing case management and support services; providing a period of stability to enable homeless people to transition successfully to and maintain permanent housing within 24 months of program entry.

To achieve its goal of ending homelessness, the CoC encourages communities to transform transitional housing programs to permanent supportive housing or rapid re-housing. The CoC is working with the County's Economic Development Agency (EDA), which administers ESG funding, to integrate CoC and ESG funding to increase the number of families with children who are assisted through rapid re-housing. In addition, non-McKinney-Vento funding sources, such as Emergency Food and Shelter Program (EFSP), which is funded under FEMA, will be matched as a source for rental/mortgage assistance for families that are homeless or at-risk of homelessness.

The following details active programs working to eliminate gaps in the homeless system:

- Community Development Block Grant (CDBG) Public Service Activities – CDBG assistance to non-profit agencies that provide emergency shelters and supportive services for homeless persons.
- Emergency Solutions Grant (ESG) Activities – ESG assistance for selected non-profit agencies for emergency shelter and essential services for homeless persons.
- County Supported Single Room Occupancy (SRO) Housing – Supportive services and housing for homeless at La Hacienda Apartments (formerly Miles Ave SRO) and Geel Place (formerly Western Riverside SRO) located in Eastern Riverside County and Western Riverside County, respectively.
- Tenant Based Rental Assistance Program (TBRA) – The TBRA program is designed to provide extremely low-income homeless individuals and families earning no more than 30% of the area median income a one-time grant to pay for the utility and/or security deposit and 12 months of rental assistance.

Explain how the level of need and gaps in its shelter and housing inventory and service delivery systems based on the data presented in the plan were determined:

In addition to feedback received through surveys and consultation sessions, a number of data sources and community plans were reviewed to determine the needs and system gaps for HOME-ARP qualifying populations. The following plans and data sources were also considered:

- Riverside County Department of Continuum of Care – 2021 Performance Assessment and Gaps Analysis
- Riverside County Department of Continuum of Care – Point in Time Count
- HUD's 2014-2018 Comprehensive Housing Affordability Strategy (CHAS) data
- Riverside County Department of Office on Aging – 2011 Ending Homelessness Among Older Adults through Permanent Supportive Housing
- Riverside County Department of Office on Aging – 2018 Homeless Service Outcomes and Reasons for Re-Entry Study
- SAFE Family Justice Centers of Riverside County – 2021 Executive Management Report

For households that are currently housed but have challenges maintaining their home, the level of need was measured by the amount of inventory that had affordable, safe, and adequate living conditions and the number of renter households that are experiencing severe housing cost burdens. These households need assistance that helps them stay housed without incumbering them with the cost of their home.

The County understands the need for the various types of housing needs and will continue to seek opportunities to bring those housing options to its residents.

HOME-ARP Activities

Describe the method for soliciting applications for funding and/or selecting developers, service providers, subrecipients and/or contractors and whether the PJ will administer eligible activities directly:

Our method for receiving HOME ARP applications will be over-the-counter. We currently use this practice for funding affordable housing developments applying for HOME funds and it has been successful. HWS will accept HOME ARP funding applications for 1) New Construction, and 2) Substantial Rehabilitation projects on an on-going basis until all funds are exhausted. The funding application will be made available online by visiting HWS' website at www.rivcoeda.org; written request via email at jugarcia@rivco.org; and by telephone at 951-955-8126.

HOME-ARP funding applications will be underwritten using our HOME program underwriting criteria. Applications will be reviewed to ensure all HOME ARP programs requirements are met. To assure proposed projects come online in a timely manner, project readiness will be taken into account during the underwriting process. To be considered, Proposed Projects must demonstrate: 1) Evidence of Entitlements, 2) Evidence of Secure Financing, and 3) Evidence of Project Competitiveness, if projects are applying for competitive funding (e.g. Low Income Tax Credits).

If any portion of the PJ's HOME-ARP administrative funds were provided to a subrecipient or contractor prior to HUD's acceptance of the HOME-ARP allocation plan because the subrecipient or contractor is responsible for the administration of the PJ's entire HOME-ARP grant, identify the subrecipient or contractor and describe its role and responsibilities in administering all of the PJ's HOME-ARP program:

Not applicable, as the County of Riverside Department of Housing and Workforce Solutions (HWS) will be administering the HOME ARP program.

Use of HOME-ARP Funding

	Funding Amount	Percent of the Grant	Statutory Limit
Supportive Services	\$ 0		
Acquisition and Development of No-Congregate Shelters	\$ 0		
Tenant Based Rental Assistance (TBRA)	\$ 0		
Development of Affordable Rental Housing	\$ 7,499,635.00		
Non-Profit Operating	\$ 0	0%	5%
Non-Profit Capacity Building	\$ 0	0%	5%
Administration and Planning	\$ 1,323,464.00	0%	15%
Total HOME ARP Allocation	\$ 8,823,099		

[Table 4]

Additional narrative, if applicable:

Table 4 shows the HOME-ARP budget, which indicates the amount of HOME-ARP funding that is allocated for each eligible HOME-ARP activity type including administrative and planning costs within HOME-ARP statutory limits. Based on the weighty outcome of the surveys and consultations we have determined to invest

appropriately **\$1,323,464** toward Administration and Planning costs as defined in 24 CFR 92 and apply the balance thereof, **\$7,499,635** toward Development of Affordable Rental Housing costs accordingly.

Describe how the characteristics of the shelter and housing inventory, service delivery system, and the needs identified in the gap analysis provided a rationale for the plan to fund eligible activities:

HWS held conversations with the CoC on how to collaborate to develop more permanent supportive housing units for the County homeless population. HWS was provided with a Gaps and Analysis report prepared by Lesar Development Consultants, which provides a qualitative and quantitative research methods, key data points within the system, and identification of various barriers for people experiencing homelessness. We used this report to guide our decision preferences. Stakeholders highlighted significant challenges to addressing the health, safety, and service needs of people experiencing unsheltered homelessness. Conversations are summarized below.

During the formal consultation processes, HWS heard common themes, such as:

- 1) Section 8 voucher holders experience difficulties finding available units,
- 2) CoC and other stakeholders expressed main concern for lack of physical units, and
- 3) A need for the production of permanent supportive housing

The CoC's primary goal is to carry out its Gap Analysis recommendation of developing more permanent supportive housing. To help meet this goal, and knowingly HOME-ARP funds are one-time in nature, the County of Riverside has thus opted to invest **(\$7,499,635 - 85%)** its funding toward the development of supportive housing. This decision, in turn, will help provide shelter for Riverside County's most vulnerable populations, that being the QPs as defined in CPD-21-10. In supporting the development of permanent supportive multi-housing projects, the County of Riverside can help satisfy its need for physical units.

The Department of Housing and Workforce Solutions is proud to be part of a community-wide effort to end chronic homelessness.

HOME-ARP Production Housing Goals

Estimate the number of affordable rental housing units for qualifying populations that the PJ will produce or support with its HOME-ARP allocation:

By leveraging available local resources, Riverside County anticipates the creation of at least **75** units of permanent supportive housing restricted for HOME ARP qualifying populations. The production goal estimation is based upon the use of the HUD Exchange HOME-ARP Housing Production Goal Calculation Worksheet.

Describe the specific affordable rental housing production goal that the PJ hopes to achieve and describe how it will address the PJ's priority needs:

The ultimate goal is ending homelessness in Riverside County. The production goal of a minimum of **75** permanent supportive housing units, will help satisfy the need for physical units for Riverside County. The proposed plan for the creation of **75** units will avail shelter to the qualified populations previously referenced.

Preferences

Identify whether the PJ intends to give preference to one or more qualifying populations or a subpopulation within one or more qualifying populations for any eligible activity or project:

- Preferences cannot violate any applicable fair housing, civil rights, and nondiscrimination requirements, including but not limited to those requirements listed in 24 CFR 5.105(a).

Though the American Rescue Plan (ARP) makes all Qualified Populations (QPs) eligible for the HOME-ARP program, HWS will conclude its decision to invest (\$7,499,635 - 85%) its funding toward the development of supportive housing and preference the chronically homeless population as primary based on the 2021 *Performance Assessment and Gaps Analysis* report prepared by the Riverside County Continuum of Care. As reported throughout this plan, Homeless individuals are more susceptible to acute health concerns, physical or sexual assault, and drug and alcohol abuse, making them the most vulnerable population and in need of specialized and intense services.

If a preference was identified, explain how the use of a preference or method of prioritization will address the unmet need or gap in benefits and services received by individuals and families in the qualifying population or category of qualifying population, consistent with the PJ's needs assessment and gap analysis:

Among the four qualifying populations 1) Homeless, 2) At-risk of Homelessness, 3) Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking, and 4) Veterans, the County will preference—Homeless. Within that population the County will add a preference for individuals chronically homeless. In order to focus system resources on the most vulnerable, the County will be requiring applicants be channeled through the Coordinated Entry system overseen by Riverside University Health System – Behavioral Health. These recommendations will be based on whether someone can be documented as chronically homeless. Within the group, the current system will refer people based on length of time homeless.

This plan is in compliance with 24 CFR 92 as any individual or family who meets the criteria for these populations is eligible to receive assistance or services funded through HOME-ARP without meeting additional criteria.

If a preference was identified, describe how the PJ will use HOME-ARP funds to address the unmet needs or gaps in benefits and services of the other qualifying populations that are not included in the preference:

In looking holistically at all the different funding sources in the community – traditional and COVID, there are other resources to assist other qualifying populations - most notably, Emergency Rental Assistance Program (ERAP) funds. The system also has diversion, prevention, rapid exit, rapid rehousing assistance and emergency housing vouchers.

For those at risk of homelessness, the system is using Emergency Rental Assistance Program funding. For those succumbing domestic violence, the system is using Continuum of Care funding as well as state and federal funding for victims of domestic violence. For other populations where providing supportive services or assistance would prevent the family's homelessness, several funding sources are being utilized. Rapid rehousing assistance is able to be extended and if the household is still unable to maintain housing stability at the funding's end – the case manager can assist the household in applying for ERAP. HUD Emergency Solutions Grant funding for homelessness prevention can be used also to assist this qualifying population.

EXHIBIT A

Public Notice

Notice of Public Comment Period

Amended Citizen Participation and Substantial Amendment to the 2021-2022

One-Year Action Plan of the 2019-2024 Consolidated Plan

The County of Riverside hereby notifies concerned member of the public, pursuant to 24CFT 5.151 and 5.152 and the County's Citizens Participation Plan, of its intent to amend the Citizen Participation Plan of the 2019-2024 Consolidated Plan and approve and adopt a substantial amendment to the 2020-2022 One-year Action Plan of the 2019-2024 Consolidated Plan by the following actions:

HOME-ARP Development of Affordable Rental Housing	\$3,699,634.15	Add New HOME-ARP Activity
HOME-ARP Sunrise at Bogart Apts. (Riverside)	\$1,800,000.00	Add New HOME-ARP Activity
HOME-ARP Cathedral Palm Apts. (Cathedral City)	\$2,000,000.00	Add New HOME-ARP Activity
HOME-ARP Program Administration and Planning	\$1,323,464.85	Add New HOME-ARP Activity

These actions are necessary for the County to receive and utilize its allocation of HOME Investment Partnerships American Rescue Plan Program (HOME-ARP) funds made available under the American Rescue Act of 2021 (Pub. L. 117-2) ("ARP") for the County to provide capital investment for the development of affordable housing for HOME ARP qualifying populations (homelessness, at risk of homelessness, people fleeing/attempting to flee domestic violence, dating violence, sexual assault, stalking, human trafficking). The County of Riverside was allocated \$8,823,099 of HOME-ARP to be used to perform qualifying activities. The \$5 billion package is intended to address the need for homelessness assistance and supportive services, to be administered through HOME to by providing housing, rental assistance, supportive services, and non-congregate shelter, that must primarily benefit qualifying individuals and families who are homeless, at risk of homelessness, or in other vulnerable populations.

A determination regarding the proposed amendment to Citizen Participation Plan of the 2019-2024 Five Year Consolidated Plan and the substantial amendment 2021-2022 One Year Action Plan of the 2019-2024 Five Year Consolidated Plan has been scheduled on or about May 19, 2020, at the Riverside County Board of Supervisor's meeting, located at 4080 Lemon Street, Riverside, California.

Written comments may be submitted to the following address no later than 12:00 PM on May 17, 2022: Department of Housing and Workforce Solutions, 3403 Tenth Street, Suite 10, Riverside, CA 92501. Comments may also be submitted through email to jugarcia@rivco.org or FAX 951-374-3098.

Input and comments can also be received by the U.S. Department of Housing and Urban Development, CPDLA@HUD.GOV. Comments or objections received after May 17, 2022, will not be considered by HUD.

Accommodations under the Americans with Disabilities Act are available are available upon request. Requests must be made at least 72 hours prior to meeting. Later requests will be accommodated to the extent feasible. Please call the Clerk of the Board office at (951) 955-1069, from 8:00 a.m. to 5:00 p.m., Monday through Friday.

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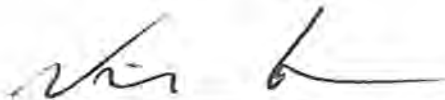
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EXHIBIT B

Performance Assessment

And Gaps Analysis



Performance Assessment and Gaps Analysis



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Contents

Executive Summary 3

Introduction 5

Guiding Principles 5

Methodology 6

Strengths and Gaps within the County
of Riverside 8

 Strengthen System to Better Prevent and
 End Homelessness..... 8

 Housing, Homelessness Prevention and
 Workforce Solutions (HHPWS)..... 8

 Equitably Address the Health, Safety, and Services
 Needs of People Experiencing Unsheltered Homelessness... 12

 Expand Communities Capacity to Provide Safe
 and Effective Sheltering and Interim Housing 14

 Expand and Ensure Equitable Access to Permanent
 Housing in Our Communities 15

 Prevent People from Experiencing the Crisis
 of Homelessness 24

Conclusion..... 28



Executive Summary



LeSar Development Consultants (LDC) was contracted by the County of Riverside to complete a Performance Assessment and Gaps Analysis of the County of Riverside Continuum of Care. LDC utilized qualitative and quantitative research methods which included data from a variety of stakeholders and key data points within the system.

When analyzing the system structure and performance, stakeholders highlighted challenges in the regionalized and fragmented nature of the system. This was characterized by differing approaches to addressing homelessness, disconnected services, and difficult to navigate systems for people experiencing homelessness. The creation of the Housing, Homelessness Prevention and Workforce Solutions Department (HHPWS) has begun to provide the necessary leadership and structure to coalesce these fragmented approaches into a more unified framework and uphold community-wide standards. The consolidated department is now better positioned to address other systems challenges like cross-sector alignment, data integration and management, and service provider capacity.

Stakeholders highlighted significant challenges to addressing the health, safety, and service needs of people experiencing unsheltered homelessness. Differing approaches to outreach and engagement across the County, from engagement to enforcement, were seen by stakeholders as a gap in the system and a barrier for people experiencing unsheltered homelessness. Stakeholders also underscored the need to increase homeless street outreach efforts in various parts of the county and improve access to shelter and services. Newer investments in state funding such as the Housing, Housing Assistance and Prevention (HHAP) and Emergency Solutions Grant (ESG) Corona Virus provides the County with the opportunity to increase coordination among street outreach teams, law enforcement, and other stakeholders which will further improve reach and outcomes. Continued advocacy to ensure funding levels remain consistent are needed to ensure long-term sustainability of these efforts.

In conversations, survey responses, and the Housing Inventory Count, there was unanimity in the critical shortage of shelter and interim housing to meet the need of a rising number of people experiencing unsheltered homelessness. Shelter and interim housing options that are available in the system were often characterized as being inaccessible and hard to navigate for people experiencing homelessness. New initiatives, like Project Homekey and Project Roomkey, that responded to the COVID-19 pandemic highlighted some successes in the shelter response system.

When looking at housing interventions, both the quantitative data and feedback from stakeholders underlined the fact that interventions like PSH and RRH need to be further scaled up to meet the need. Components of the coordinated entry system like the Coordinated Entry System (CES) data integration, VI-SPDAT assessment, and the prioritization and matching processes need to remain as major priorities to better respond to the need posed by both providers and clients. When looking at key subpopulations, stakeholders described that Chronically Homeless, Individuals with Mental Illness, Individuals with Substance Use Disorders, Seniors/Older Adults, and Transition Aged Youth (TAY) had inadequate resources or services available to them in Riverside County. The transition to a new Homeless Management Information System (HMIS), Clarity, places the County in a position to better manage its homeless data and increase the capacity of the system to use data to make decisions. The completion of Phase I in April 2021 included the migration of program enrollments for clients enrolled in state, federal and local homeless service programs. The County is now working towards the completion of Phase II of the transition which includes the migration of custom data fields specific to CES which will transform the system by streamlining the VI-SPDAT assessment and housing match process.

Stakeholders highlighted other challenges of the housing response like the accessibility of Housing Choice Vouchers, a fragmented approach to landlord outreach, engagement, and retention, and the unavailability of flex funds and funding for move-in assistance. Once connected to services, stakeholders highlighted the lack of available affordable housing as a key barrier. It is estimated that the County would need 21,000 to 46,000 of units affordable to households whose incomes qualify them as Extremely Low Income to address the homelessness crisis for those currently experiencing homelessness and those facing housing instability. This reflects a critical need to increase the development of affordable housing solutions in the region. In feedback from providers, officials, and stakeholders, they described that the housing stock of certain cities' is largely inaccessible to people experiencing homelessness, underlining the need to better track housing outcomes geographically. The American Rescue Plan Act (ARPA) recently provided 70,000 vouchers to Public Housing Agencies (PHAs) nation-wide and supports stronger relationships with PHAs and CoC's to assist homeless individuals and survivors of domestic violence, dating violence, sexual assault, stalking and human trafficking. These types of federal investments, alongside state-funded programs such as No Place Like Home (NPLH) and Homekey which provide funding for development of new permanent supportive housing units are opportunities that support the County's efforts to increase housing.

The Riverside homeless response system had a net gain of persons in the homelessness system, which calls for continued efforts in prevention, upstreaming solutions, discharge planning, and the addition of sufficient units to meet the demand. Stakeholders also highlighted efforts need to continue to be advanced around race equity and addressing the economic instability that drives housing instability.

Introduction

This report is designed to provide an overview of the functions, impact, and effectiveness of the Riverside Continuum of Care (CoC). It is intentionally not designed to provide recommendations on policy or suggest directions for the CoC to take to address any identified system needs. Those will be part of the next phase of this project – the Homeless Action Plan for the Riverside County CoC.

The County of Riverside, contracted with LeSar Development Consultants (LDC), a social innovation firm focused on housing affordability, homelessness, and community development, to perform a gaps analysis of the County of Riverside's homeless system of care. This analysis evaluates the current system, including various components like outreach, shelter, and housing programs, and identifies system gaps.

Guiding Principles

The gaps analysis of the County of Riverside's homeless response system is driven by the following guiding principles. These guiding principles inform our understanding of all aspects of our analysis and work.

Systems-Level

Homelessness is caused by the breakdown of multiple systems and sectors. An effective system needs to prioritize multi-system collaboration to address the inflows, service delivery, and outflows relevant to ending homelessness.

Equity

Centering a homeless response system on the needs of those most vulnerable and overrepresented within the homeless population builds the capacity of the system to better respond to the needs of all people experiencing homelessness.

Lived Experience

Assumes that the experiences of clients, people experiencing homelessness, and people with lived experience of homelessness are a legitimate and important primary data source. This highlights the importance of including people experiencing homelessness into the process and system design.

Methodology

Qualitative

The qualitative component of the analysis included soliciting input from a wide array of stakeholders in the system, from system administrators to service provider leaders, to law enforcement officials, to individuals with lived experience of homelessness. Many of the strategies, connections, and services needed to support individuals experiencing homelessness are managed outside of the homeless service system or in geographically separated systems, highlighting the importance of including regional stakeholders working in housing, healthcare, behavioral health, and criminal justice. The intent of the interviews and surveys was to provide stakeholders at all levels an opportunity to provide input, thoughts, and recommendations on a wide range of issues related to the homeless response system in Riverside County. Through the different methods of inquiry, LDC was able to examine the ways clients and providers navigate the homeless response system, common unmet needs, gaps in services, and strategies used to overcome those gaps.

Three Subsets of Community Stakeholders

LDC collected feedback from the three subsets of stakeholders below to inform the qualitative component of the gaps analysis.

- Regional Stakeholders: government, housing, healthcare, behavioral health, criminal justice
- Homeless Service Providers
- Individuals with Lived Experience of Homelessness

Methods for Obtaining Qualitative Data

LDC used two methods to obtain qualitative feedback. A 38 questions survey was sent to a variety of community stakeholders and 30-minute interviews were conducted with community stakeholders identified with the support of the CoC.

- Survey feedback from community stakeholders. Surveys were sent to BOG and CoC email lists.
- 10-15 Phone/Video interviews with community stakeholders. CoC lead provided input for appropriate community stakeholders.

Quantitative

For the quantitative component of the Gaps Analysis, LDC examined systems level data to identify performance outcomes, trends, and gaps. This data is used in tandem with the qualitative data obtained from community stakeholders. With the quantitative data, LDC examined inflows into homelessness, service utilization patterns, barriers exiting homelessness, the effectiveness and speed of the CES system and the regional funding to sustain solutions. The intent of this analysis was to show the range and complexity of homelessness in the CoC and to offer details on the impact of current programs in addressing homelessness.

The scope and success of the quantitative component of the gaps analysis was contingent on the availability and quality of the data available. At the time LDC was gathering information for this report, the CoC was in the middle of transitioning from one Homeless Management Information System (HMIS) to another. This change in HMIS is an important step forward for the CoC and will position it to be better able to collect, analyze and present data. LDC was able to review aggregate project level data for all Shelter, Transitional Housing, Rapid Rehousing, Permanent Supportive Housing, Street Outreach and Prevention projects.

Evaluation Tools

- NAEH Homeless System Evaluator Tool: Helps communities understand the performance of their homelessness system, different programs, and program types within the system. Specifically, this tool helps determine whether a community's homeless assistance system moves people into permanent housing quickly, helps people remain in housing, and generates these and other positive outcomes cost-effectively.
 - LDC asked the County's HMIS group for data of program level performance for all Emergency Shelter, Rapid Rehousing, Transitional Housing Permanent Supportive Housing, Street Outreach and Prevention projects. LDC staff then loaded the data in the Homeless System Evaluator Tool.
- NAEH Racial Equity Network Toolkit: Community Census Data: Examines the disproportionality of the CoC's homeless population when compared to general demographics.
- Housing Gaps Analysis: Modeled analysis of current housing system resources needed to functionally end homelessness. Includes data from a multitude of different homelessness and housing data points.

Data Sources

- Point-in-Time Count (PIT): A HUD required census of persons experiencing unsheltered or sheltered homelessness on a single night in January.
- Housing Inventory Count (HIC): An annual inventory of beds and units dedicated to individuals and families experiencing homelessness on the night of the PIT Count. There are five program types included in the HIC: Emergency Shelter, Transitional Housing, Rapid Re-Housing, Safe Haven, and Permanent Supportive Housing.
- Annual Homelessness Assessment Report (AHAR) or Longitudinal Systems Analysis (LSA): Annualized report provides a more in-depth perspective on the demographics and characteristics of persons experiencing homelessness. AHAR has been replaced with the Longitudinal System Analysis (LSA).
- System Performance Measures (SPMs): System Performance Measures (SPMs) quantify the efficacy of a local homeless response system through seven separate metrics. Progress CoCs make on these seven metrics are assessed annually via the System Performance Measures report to HUD.
- Homeless Management Information System (HMIS) Data: Local information technology system used to collect client-level data and data on the provision of housing and service to homeless individuals and families. Provides key expected values for the types of programs operated locally and is much richer than the AHAR data alone.
- Annual Performance Report (APR): Designed to track the progress and outcomes of CoC-funded programs through HMIS to gauge who was served and the outcomes of a participant's engagement with a project.
- Housing Choice Voucher (HCV) Data: Statistics on the implementation of the Housing Choice and Project Based Vouchers by the Riverside Housing Authority. Geographic placement data for Housing Choice and Project Based Vouchers based on Zip Code.
- Homeless Budgets and Funding in CoC/County: County budgets for local, state, federal funding for homelessness to inform costing analysis, COC funding total, and allocations by agency/program.
- Housing and Rental Data: A variety of different regional housing and rental data points, including but not limited to: Regional Housing Needs Allocation (RHNA), vacancy rates, affordable housing projects completed and currently in the development pipeline.
- 2-1-1 Data: Community specific data to identify and analyze resource gaps within the homelessness response system, specifically focusing on key populations like elderly, disabled, youth, veterans, justice-involved, high utilizers, SMI, SUD, etc.

Strengths and Gaps within the County of Riverside

We have written this report to be aligned with the proposed structure of the Homeless Action Plan for the Riverside County CoC. Accordingly, we have structured the gaps analysis within the framework outlined by the California Homeless Coordinating and Financing Council's Action Plan to Prevent and End Homelessness. With this framework in mind, LDC has outlined the strengths and gaps as it related to five focus areas.

- Strengthen System to Better Prevent and End Homelessness
- Equitably Address the Health, Safety, and Services Needs of People Experiencing Unsheltered Homelessness
- Expand Communities Capacity to Provide Safe and Effective Sheltering and Interim Housing
- Expand and Ensure Equitable Access to Permanent Housing in Our Communities
- Prevent People from Experiencing the Crisis of Homelessness

Strengthen System to Better Prevent and End Homelessness

Regionalization

Regionalization across programs and systems is a critical issue to address by the homeless response systems in Riverside County. This is reinforced by feedback from providers, public officials, and previous work in the region. 78.5% of respondents to a survey reported degrees of disunity in the approach to ending homelessness across the region. Contradicting approaches to homelessness, geographic challenges, and the inconsistent administration of direct services across each region produce challenges for navigating people experiencing homelessness to access consistent services and supports across the county.

Feedback from stakeholders often characterized access to resources as being geographically siloed, with certain regions having critically underdeveloped resources in outreach, shelter, and housing supports. Within regions themselves there are also varying degrees of unity and collaboration around the alignment of housing and homelessness programs to central principles. For example, the Coachella Valley Association of Governments has an active and dedicated homelessness committee that coordinates efforts and provides services across the Coachella Valley in East Riverside County. In other regions like Southwest Riverside County, West Riverside County, or Central Riverside County there is not the same level of coordination or established homeless working groups, often resulting in a more fractured response.

Housing, Homelessness Prevention and Workforce Solutions (HHPWS)

Aligning funders, providers, and public officials in a common vision and approach would begin to rectify some of these dynamics of regionalization. The creation of the Housing, Homelessness Prevention and Workforce Solutions Department (HHPWS) provides an avenue to begin to address this regionalization and fragmentation in approaches, as the HHPWS Department is positioned to develop and uphold community-wide standards.

The primary purpose of the HHPWS Department's Continuum of Care (CoC) Division is to develop and maintain an effective county-wide Continuum of Care. The CoC oversees the community's plan to organize and deliver supportive social services, including housing options, which meet the specific needs of homeless individuals and families. Ultimately, the goal of the CoC is to move homeless people toward stable housing and maximum self-sufficiency.

A consolidated authority allows the region to be able to simultaneously manage emergency response functions, deploy the necessary services and supports for clients, and develop a housing pipeline designed to meet the needs of those experiencing homelessness. Stakeholders have highlighted the consolidated department as a success because it establishes the HHPWS as the regional leader to preventing and ending homelessness. Stakeholders noted that the new consolidated department is helping to align mission and goals with funding and to better maximize efficiencies. Through CoC staff and internal infrastructure, HHPWS has the capacity to influence political will and nimbyism more successfully in the region. Consolidation allows the region to fully integrate equity as a core component of its goals and shape system-wide priorities that are tailored to people experiencing homelessness. A joint entity creates the opportunity to institutionalize processes for customer accountability and ensure the system is centering clients' needs and measuring performance accordingly.

While stakeholders lauded the new consolidated leadership structure of the HHPWS, they also highlighted the need for the department to continue to build its administrative capacity. Feedback around delays in responding to requests for funding, applications, and HUD technical assistance were highlighted as challenges by stakeholders. HHPWS has developed plans to increase staffing, implemented local Technical Assistance workshops for subrecipients, and developed a bi-monthly Staff Report to increase communication. CoC Lead Agencies across the state are challenged with addressing the need for increased administrative capacity. There may be opportunities to further explore addressing this need through advocacy at the state and federal level, while also seeking to diversify funding.

Cross-Sector Alignment

Homelessness represents multi-sector, multi-system failures. Many of the strategies, connections, and services needed to support individuals experiencing homelessness are managed outside of the homeless service system or in geographically separated systems. While the homeless service sector is the main entity focused on providing services to those at-risk of and experiencing homelessness, there are other sectors that people experiencing homelessness access services. Responses from stakeholder interviews and survey responses, reflected cross-sector fragmentation among tangential institutions like Income Support/Employment, Transportation, Education, Healthcare, Mental Health/Behavioral Health, Substance Use Disorder, Criminal Justice, Legal, and Immigration. For example, stakeholders outlined difficulties in coordination among criminal justice, law enforcement, and correctional entities in their alignment with the homeless service sector. Priorities and communication were often misaligned. This highlights the challenges in aligning programs across various sectors with homeless service policy priorities, performance metrics, and customer referral processes. Adjacent systems like Income Support/Employment, Transportation, Education, Healthcare, Mental Health/Behavioral Health, Substance Use Disorder, Criminal Justice, Legal, and Immigration must be more closely tethered to the homeless system response. The core functions of procurement priorities, program goals, deliverables, and timelines should be further aligned according to cross-sector policy priorities.

Data Integration and Management

In our work with the region, we heard from providers and government agencies that data integration and management is underdeveloped and inconsistently applied across the County of Riverside. In a survey sent to regional stakeholders, respondents highlighted challenges and difficulties in data tracking and sharing. Across programs and systems that serve people experiencing homelessness, administrators struggle to effectively access and leverage data.

The effects of siloed and inconsistent client data are significant and impact every actor in the homeless response system, including people experiencing homelessness. For people experiencing homelessness these data challenges lead to repeated intakes, questions that are not trauma informed, and delays in obtaining stable housing. RUHS-BH and the County have recently adopted the VI-SPDAT v. 3.0 which has more a trauma-



informed, less stigmatizing line of questions. Additionally, RUHS-BH staff are trained in a trauma informed approach when working with clients. However, because there are providers and services that operate outside of HMIS and CES, clients still experience challenges related to a siloed system.

This is compounded by the task of having to produce various forms of identification, which are hard to maintain without stable housing. Without a recognized form of identification, service providers are often unable to engage customers in housing and spend time assisting clients obtain documents. This was reflected in some of the challenges of the CES referral workflow, where there are differing views on the roles of providers and CES in obtaining client's documents.

Stakeholders highlighted inconsistent utilization of the Homeless Management Information System (HMIS) across the system, which often contributes to duplicative intake processes and inhibits collaboration and coordination among organizations. Without a shared understanding of a client's background and history, providers often are required to spend time triangulating service history to make more informed decisions about a client's care.

Stakeholders also highlighted that data and data collection are not standardized across systems and providers. Limited data sharing and standardization leads to a system that does not accurately reflect real-time system capacity and resource utilization. A lack of data sharing, specifically around outcomes, prevents system leaders from identifying best practices, efficiencies, and gaps in the system.

The source of funding and the practicality and ease of use of HMIS explain some of the inconsistent utilization of HMIS across the county. Most state and federally funded homeless programs are required to report in HMIS. However, this is often not required for homeless service providers who administer programs funded through private or philanthropic dollars. Additionally, CoC's and CES Lead Agencies are challenged with creating an inclusive system but planning dollars to support system costs are not permanently imbedded in funding sources.

Stakeholders also highlighted challenges in real-time data availability, often an effect of an underdeveloped data system. Although the CoC shares data and reports in meetings around waitlists, referrals, and performance, there still is a lack of real-time public and provider facing data or dashboards that shares key components of the homeless system of care. Understanding capacity, utilization, inflow, and outcomes are critical pieces of the success of the homeless response system. Creating real-time public and provider facing data availability requires standardized data collection, improved data sharing, and consistent data entry.

As Riverside County begins to center equity within its homeless response network, there is a growing need for conclusive, disaggregated data to assess entries into homelessness, access to shelter and housing interventions, and entry/exits to permanent destination. Without better data management, the ability to track outcomes and monitor for system equity is limited in scope.

Outside of the homeless response system, there is little to no integration of data with adjacent sectors that serve people at-risk for or experiencing homelessness like Income Support/Employment, Transportation, Education, Healthcare, Mental Health/Behavioral Health, Substance Use Disorder, Criminal Justice, Legal, and Immigration. Moving the homeless serving sectors, which includes sectors outside the typical homeless response network, towards a single unique identifier could significantly improve the customer experience, coordination of services, and potentially, a client's autonomy of their own data.

To transform the systems serving people experiencing homelessness in Riverside County, the processes for collecting data, sharing data, identifying clients, and enabling clients to control their personal information, must be fully digitized. As the homeless data system evolves, it must also be connected as part of a whole system of care.



HMIS and CES

The implementation of the Homeless Management Information System has many challenges in data quality, real-time performance tracking, and widespread implementation. HMIS is intended to capture and report on client, project, and system level information regarding homeless services utilization, performance, and outcomes. The County of Riverside recently transitioned from ClientTrack to Clarity, highlighting the County's initiative to further digitize their system.

The HHPWS Department serves as the HUD Collaborative Applicant and is responsible for administering HMIS for the County of Riverside Continuum of Care and serving as the HMIS Lead Organization. HHPWS has the "responsibility to establish, support and manage HMIS in a manner that will meet HUD's standards for data quality, privacy, security and other requirements for organizations participating in HMIS".

Riverside University Health System Behavioral Health serves as the Coordinated Entry System (HomeConnect) lead. Often in other communities the HMIS lead and CES lead are under the same entity. The separate leadership structure for data management and system coordination could account for the lack of alignment and focus on data integration within CES. To that end, both RUHS – Behavioral Health and HHPWS, have regular coordinated calls with the County's HMIS Vendor to further align efforts and strategies. An example of this is seen through the current transition of HMIS to a new vendor. While the County of Riverside still has not fully implemented coordinated entry processes into HMIS, both Lead Agencies have successfully implemented Phase I of the program enrollment data migration and are finalizing Phase II of the CES system implementation. Phase II is perhaps the most promising of both phases because it creates a permanent and efficient platform in which specialized assessments for subpopulations such as individuals, families, and transitional age youth, will be accessible in HMIS. The integration of CES into HMIS will allow for housing connections to be directly facilitated through the system which will further increase efficiency and management of a client's progress towards permanent housing. Current processes within the Coordinated Entry Process are manually administered, meaning referral pdfs are sent via email to providers and waitlists are documented on excel spreadsheets. RUHS-BH manages a hotline 24/7, however this data is not integrated with HMIS. While the current CES is rudimentary, it still serves as a functioning system that will improve as it is further integrates with the HMIS system.

However, scattered responsibility for data collection still inhibits the region's ability to improve data quality and leverage data to inform priorities and policymaking. It is important to consider consolidating all the core functions of the homeless services system to appropriately identify and scale solutions, target resources based on emergent needs, and leverage funding.

Service Provider Capacity

A more thorough regional analysis of the service provider capacity needs to be conducted based on current program performance and regional gaps in services. Stakeholders consistently highlighted inequitable distribution of services across the County. This was attributed in part to certain localities not funding homeless or housing solutions in their cities due to the fear it would increase the homeless population. This dynamic, paired with the increases in people experiencing homelessness has led to underdeveloped provider networks and system capacity, placing an inequitable burden on those cities who had invested in such programs or provider networks. The CoC has historically not allocated enough funding to build capacity in portions of the county that have less service capacity. Stakeholders noted that it is important to build the capacity of providers to serve targeted populations. The CoC can expand capacity building mechanisms to strengthen the homeless response networks in regions with deficiencies. Respondents also outlined the lack of on-going funding to help support programs in the form of technical assistance and training.

Stakeholders highlighted staffing challenges among service providers consistent with staffing challenges in neighboring CoC's. Staff recruitment and retention challenges underline the need for the region to continue to build service provider capacity that supports staff and attracts new talent. Services staffed by inexperienced providers whose tenure is frequently very brief, often results in inconsistent quality of care for people experiencing homelessness. Frontline staff have also expressed that the shortage of affordable housing makes it hard for them to do their jobs well, as it strains their relationships with their clients, and thus increases staff burnout.

Funding

When it comes to funding, stakeholders highlighted the need to diversify funding opportunities, leverage infrastructure that is already built, assess system and provider performance, and fill regional deficiencies of infrastructure or services. The CoC needs to continue to invest in places that are making movement in developing their regional capacity and infrastructure, while still balancing and building capacity across the region.

It has been highlighted that the policies and application scoring tools used to award funding do not show that the CoC consistently prioritizes the projects that are most likely to be effective or fill gaps in regional capacity. Instead, policies and scoring tools favor renewal projects over new projects, even if the new projects show significant potential or past projects are less successful.

Equitably Address the Health, Safety, and Services Needs of People Experiencing Unsheltered Homelessness

As outlined above, there are differing regional approaches to outreach and engagement to people experiencing unsheltered homelessness within the County of Riverside. In feedback with key stakeholders, this was reflected in the range of perceptions of the overall effectiveness of outreach and engagement throughout the region.

Stakeholders consistently highlighted that people experiencing homelessness have a far more positive and effective relationship with homeless street outreach teams and mental health crisis intervention teams than with law enforcement, underlining the need to further invest in these resources. In conversations with key stakeholders, they highlighted perceptions of differing regional outreach and engagement approaches across the region, from a more enforcement approach in Southwest Riverside County to a more engagement approach in West Riverside County and the Coachella Valley. Stakeholders often attributed this to a region's understanding and implementation of housing first principles and to local political climates. Conversations with officials from Southwest Riverside County outlined the shortage of outreach and engagement services in the region but reflected a direction towards housing first. The lack of behavioral and mental health services, and shortages of outreach programs, often results in law enforcement responding to homeless related crises.

Stakeholders highlighted various challenges for people experiencing unsheltered homelessness. Firstly, the lack of sufficient low-barrier shelter options across the County. In certain regions of the County there are underdeveloped shelter response systems often resulting in the misalignment of core homeless outreach duties like shelter service connection to law enforcement. This dynamic often places an inequitable burden on communities who already have shelters in their communities. Secondly, outreach service capacity needs to be expanded across the County to cities that are currently under resourced. While services need to be expanded, this also calls for the need to develop more uniform standards and operating procedures for outreach and engagement across the County, that shift the responsibilities currently held by law enforcement in certain cities to homeless street outreach teams and mental health response teams. Shifting the entity responding to homeless related issues would be a first step to decriminalize the response to homelessness. The complexities of outreach



and engagement often come to a point when responding to encampments, which vary from region to region, encampment to encampment. Stakeholders mentioned there is not a unified approach or policy to mitigating or addressing encampments.

Additionally, accessing services can be difficult for people experiencing unsheltered homelessness, as shelter programs in various parts of the county often require a referral from an organization. The HMIS Administrators Council and CES Oversight Committee have adopted a hybrid “No wrong door approach. Based on the stated procedures of the current system, a homeless individual or family can present at any homeless housing and service provider in the geographic area or by accessing a mobile hotline. The CES Lead Agency also highlighted that they have trained Navigators to assist those presenting at any access point within the geographic area. However, despite these systems and processes in place, stakeholders repeatedly highlighted in interviews the challenges in accessing shelter beds. Keeping staff informed and trained on access to various programs can be difficult given the regionalization, high turnover among frontline staff, and changes in the processes. However, this lack of consistent and clear flow on how to access the services of the system puts the burden of navigating shelter and housing programs on individuals experiencing homelessness.

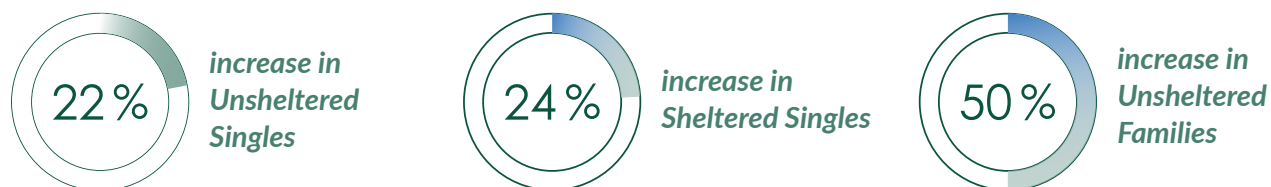
Similarly, stakeholders highlighted the need to streamline connection to other vital services, including but not limited to nutrition assistance, hygiene assistance, substance abuse care, transportation assistance, identification support, income, and benefits support.

However, despite all the challenges reflected above for people experiencing unsheltered homelessness, when clients are connected to homeless street outreach services, Riverside’s percent of successful outcomes is in alignment or exceeds neighboring CoC’s.

Percent with Successful Street Outreach Outcomes			
	2015	2017	2019
Los Angeles	78%	18%	10%
San Diego	39%	30%	22%
Riverside	69%	19%	29%
San Bernardino	54%	35%	16%
Average	60%	26%	19%

Expand Communities Capacity to Provide Safe and Effective Sheltering and Interim Housing

In interviews and surveys with stakeholders there was a consensus that there were not enough beds year-round in the system to provide adequate temporary shelter or interim housing to people experiencing unsheltered homelessness. This was supported by data reflected in the Housing Inventory County and HMIS. The following data reflects a change in the PIT Count for 2018-2020 which outlines the increase in unsheltered homelessness.



The shelter and interim housing options that are available were reported as being inaccessible and hard to navigate for people experiencing homelessness. In addition to the system inaccessibility described above, other stakeholders described the inaccessibility in the policies of shelters themselves that place additional barriers on people experiencing homelessness like no accommodations for couples, no pets allowed, or curfews.

The figure below describes the Housing Inventory Count for Emergency Shelter over 2017-2019. A modest increase, not proportional to the increase in unsheltered homelessness described above.

Housing Inventory Count					
Year	Family ES Beds	Adult Only ES Beds	Child Only ES Beds	Total Year-Round Beds	Seasonal ES Beds
2017	193	384	37	614	65
2018	210	355	37	602	65
2019	334	399	37	770	65

The COVID-19 pandemic brought new challenges to the region's shelter response. However, despite these challenges, stakeholders highlighted some successes that they hope to continue after the pandemic. The region was able to leverage state-level resources like Project Roomkey and Project Homekey to secure hotel and motel rooms for vulnerable people experiencing homelessness. Providers noted that there was an increase in the capacity of low barrier non-congregate shelter options for people experiencing homelessness. Stakeholders also highlighted the collaboration and problem solving that happened among various agencies to get those most vulnerable into shelter. Other resources like Section 8 vouchers were also leveraged as creative solutions to permanent housing. Lastly, stakeholders highlighted the increased sense of urgency among different agencies in getting people off the streets and into shelter or housing.

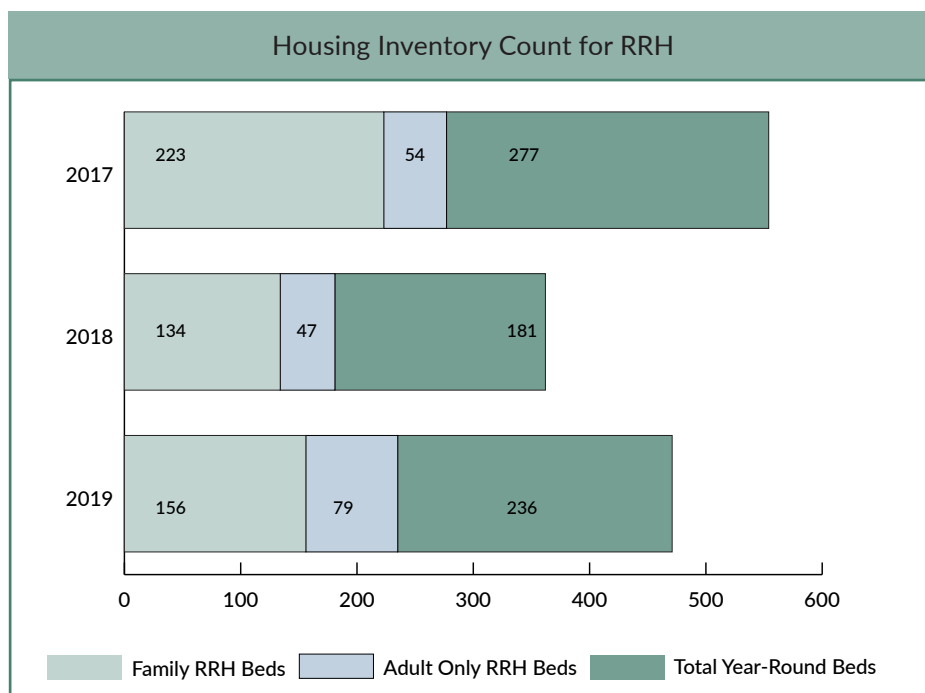
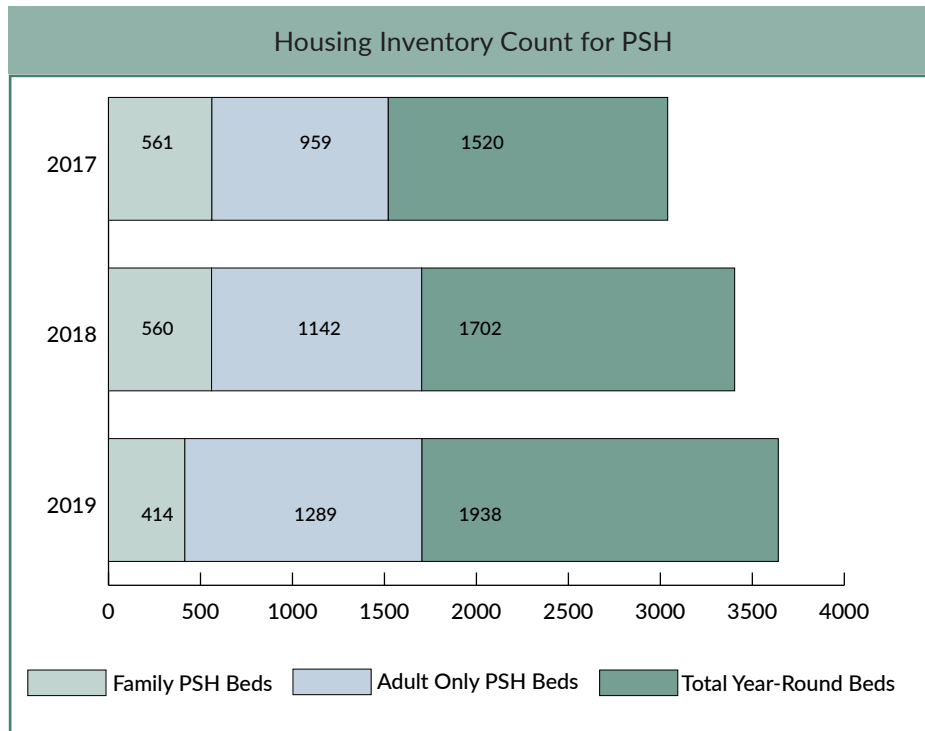
Another measure of system performance is the percentage of people who exit to permanent housing. Exits from emergency shelter should ideally happen within 60 days. In 2020, 2,504 individuals and 504 families were served in the emergency shelter system. The emergency shelter system placed 371 singles and 297 families in permanent housing. Of those 10% and 6% respectively were placed in permanent housing in less than 60 days. Although these numbers are commendable, as the chart below shows, the overall rates of exit to permanent housing for emergency shelter and street outreach are low for singles and for families.

Exits to Permanent Housing	
Emergency Shelter	
Singles	17%
Families	47%
Street Outreach	
Singles	13%
Families	29%
Transitional Housing	
Singles	81%
Families	100%

Expand and Ensure Equitable Access to Permanent Housing in Our Communities

Homeless Housing Inventory

The Housing Inventory Count for PSH reflects an increase in the number of total year-round beds, while the RRH inventory count reflects a decrease. The scale of both interventions is not adequate to meet the need for PSH or RRH in the County of Riverside.



Housing Exits

The rates of exit to permanent housing for rapid rehousing, transitional housing and permanent supportive housing are congruent with best practices for families and are close to best practice goals for individuals. These exit rates are an opportunity for the CoC to develop strategies and reporting to help bolster and improve the housing focus of the system.

Exits to Permanent Housing	
Rapid Rehousing	
Singles	70%
Families	92%
Permanent Supportive Housing	
Singles	61%
Families	90%

HUD publishes data from all Continua of Care in the United States that shows their status against seven system performance measures¹. A comparison of that data from neighboring Continua of Care shows that Riverside has historically produced exits to permanent housing at rates above what was reported in 2020 and at rates that are generally comparable to Continua of Care that border Riverside.

Percent with Successful ES, TH, SH, PH-RRH Exits			
	2015	2017	2019
Los Angeles	35%	44%	35%
San Diego	42%	43%	42%
Riverside	36%	44%	34%
San Bernardino	38%	57%	58%
Average	38%	47%	42%

¹ <https://www.hudexchange.info/programs/coc/system-performance-measures/#data>

Coordinated Entry System

As highlighted above, providers have expressed concerns with the Coordinated Entry System process. A plurality of the respondents to the survey stated that the prioritization and matching process for housing was challenging and somewhat ineffective. Service providers have outlined that the assessment tool often does not accurately capture the vulnerabilities of people experiencing homelessness because of the self-reported nature of the tool. Additionally, providers highlighted certain race and gender biases ingrained in the VI-SPDAT assessment tool that could potentially lead to inequitable outcomes. Because program and performance data are limited, further analysis needs to be conducted when data becomes available. The low-tech process of matching and referrals was characterized as being prone to delays. To continue to increase the efficiency of the coordinated entry process, the CoC should keep tracking how long it takes to locate individuals after they have been matched with a service provider, and whether locating individuals is causing delays. According to data provided by RUHS-BH, it currently takes a housing provider 2.5 days to make contact with a client after a referral is provided to a housing provider. This number highlights a successful process in place. If this trend in data changes, and an excessive delay begins to arise, then the CoC should consider implementing processes such as deploying existing street outreach teams or a dedicated location team to find these individuals when appropriate housing and services becomes available.

Subpopulations

Stakeholders highlighted various subpopulations of people experiencing homelessness that had insufficient resources or services available to them in Riverside County. The most common responses were Chronically Homeless, Individuals with Mental Illness, Individuals with Substance Use Disorders, Seniors/Older Adults, and Transition Aged Youth (TAY). This highlights the need for increased services related to behavioral/mental health, substance use disorder, transition aged youth, and permanent supportive housing.

The charts below show the Point in Time count, the total number of unique households served and in which programs they participated for calendar 2017 through 2020. The Point in Time count reports for 2017 and 2018 did not report on sheltered numbers for all subpopulations show below. In those cases, numbers are not included.

Chronically Homeless

A household is considered chronically homeless if that individual, or head of household has a disabling condition and has either:

- Experienced homelessness for longer than a year, during which time the individual may have lived in a shelter, Safe Haven, or a place not meant for human habitation.
- Or experienced homelessness four or more times in the last three years.

Chronically Homeless						
Year	PIT Sheltered	PIT Unsheltered	PIT Total	% Change	Served Annually	% Change
2017	77	341	418		786	
2018	77	387	464	11%	1633	108%
2019	77	727	804	73%	1894	16%
2020	129	519	648	-19%	1917	1%

Number of Chronically Homeless Individuals in:						
Year	Permanent Supportive Housing	Rapid Rehousing	Transitional Housing	Emergency Shelter	Prevention	Street Outreach
2017	557	25	6	88	0	126
2018	732	75	8	168	0	514
2019	712	83	5	710	2	702
2020	565	81	3	661	2	566

The overall increase in Chronically Homeless Households (CH) is an indication that the homeless population in Riverside is not moving through the system to housing. The increase in CH in the PIT in 2019 lends credence to the argument that increasing the number of volunteers in 2019 led to better and more comprehensive counts. However, the increase in persons served annually also indicates that the CH population in Riverside is growing. Placements of CH households in permanent housing seem to be relatively stagnant while their presence in emergency shelter and street outreach has increased. This points to an opportunity to look at resources for this high-needs population to see if there are ways to better structure engagement and housing to reduce the unhoused portion of this population.

Families with Children

The number of Families with Children served annually has increased year over year from 2017-2020. Because of the lack of sheltered data for this subpopulation in the 2017 and 2018 PIT counts it is difficult to draw conclusions about growth in the PIT population. Efforts to house this population have been successful in recent years. It is also clear that this population has been a strong focus of prevention efforts.

Families with Children						
Year	PIT Sheltered	PIT Unsheltered	PIT Total	% Change	Served Annually	% Change
2017			3		685	
2018		4			752	14%
2019	77	5	82		1031	37%
2020	64	6	70	-14%	1212	17%

Number of Families with Children in:						
Year	Permanent Supportive Housing	Rapid Rehousing	Transitional Housing	Emergency Shelter	Prevention	Street Outreach
2017	124	220	114	177	54	86
2018	104	132	16	345	92	74
2019	103	414	2	290	226	40
2020	93	570	1	240	267	18

Youth

The Point In Time count for 2020 showed a total of 326 unaccompanied youth, defined as individuals up to the age of 24, experiencing homelessness. The table below shows those numbers for the past four years.

Youth						
Year	PIT Sheltered	PIT Unsheltered	PIT Total	% Change	Served Annually	% Change
2017	86	193	279		502	
2018	81	181	262	-6%	469	-7%
2019	87	198	285	9%	384	-18%
2020	70	256	326	14%	254	-33%

Number of Youth in:						
Year	Permanent Housing	Rapid Rehousing	Transitional Housing	Emergency Shelter	Prevention	Street Outreach
2017	0	0	0	487	0	8
2018	0	0	0	459	0	7
2019	0	1	0	377	0	13
2020	0	1	0	247	0	4

It is interesting to note that the number of youth served in emergency shelter, street outreach and overall has decreased since 2017. At the same time, the overall PIT for youth increased by 14% from 2019 and by 17% from 2017. The unsheltered PIT for this population climbed by 29% from 2019 and 33% from 2017. There appears to be a disconnect between the decreases in program participation and the increases in PIT. The County of Riverside recently hired a Homeless Youth Coordinator that should be tasked with further understanding the apparent disconnect between the numbers.

Veterans

In 2017, the County of Riverside announced that it had reached functional zero for veteran's homelessness. In this case, functional zero means that the number of veterans entering homelessness is less than or equal to the number of homeless veterans who are housed. The Point In Time count for 2020 showed a total of 162 veterans experiencing homelessness. Annual data for all projects entering information in the HMIS shows that 1,121 individuals served claimed status as a veteran. The table below shows those numbers for the past four years.

Veterans						
Year	PIT Sheltered	PIT Unsheltered	PIT Total	% Change	Served Annually	% Change
2017	57	91	148		1,163	
2018	37	99	136	-8%	1,156	-.06%
2019	56	107	163	20%	1,107	-4.4%
2020	50	112	162	-0.6%	1,121	1.2%

Number of Veterans in:						
Year	Permanent Housing	Rapid Rehousing	Transitional Housing	Emergency Shelter	Prevention	Street Outreach
2017	605	275	76	215	65	102
2018	670	194	84	216	66	84
2019	519	189	73	269	49	122
2020	466	162	50	252	53	105

Older Adults

The Point In Time count for 2020 showed a total of 200 older adults, defined as age 62 or older, experiencing homelessness. Annual data for all projects entering information in the HMIS shows that 1,282, individuals served met that definition.

Older Adult PIT and Annual Served						
Year	PIT Sheltered	PIT Unsheltered	PIT Total	% Change	Served Annually	% Change
2017		123			747	
2018		145			828	11%
2019	67	129	196		1002	21%
2020	80	120	200	2%	1282	28%

Number of Older Adults in:						
Year	Permanent Housing	Rapid Rehousing	Transitional Housing	Emergency Shelter	Prevention	Street Outreach
2017	202	65	24	246	12	235
2018	246	56	31	275	25	225
2019	241	60	21	416	46	190
2020	256	61	16	596	57	142

Housing Choice Voucher

The majority of stakeholders reported that Housing Choice Vouchers are largely inaccessible to all people experiencing homelessness as long waitlists do not allow for it to be considered as a more immediate housing resource. The County's Housing Authority Division has for many years provided vouchers for special populations experiencing homelessness which includes veterans and their families and seniors. Its' investment in securing additional vouchers to further serve homeless populations provide the opportunity to more effectively support direct homeless referrals from behavioral health, child welfare and other medical insurance partners. While the most recent award of 347 Emergency Housing Vouchers through ARPA provide a more specific opportunity for the County's Housing Authority Division to partner with CoC and support direct referrals through CES, the need for more vouchers and housing units to ensure successful use of rental assistance are needed to meet the immediate housing needs. Once clients are connected to vouchers, stakeholders reflected a strong landlord bias against voucher and subsidy holders, despite state protections for voucher holders.

Landlord Outreach, Engagement, and Retention

In interviews and survey responses, stakeholders highlighted a lack of coordination among homeless service providers, housing authorities, and other homeless serving entities. around landlord outreach, engagement, and retention. Because tenant-based programs like Housing Choice Vouchers and Rapid Rehousing involve finding a unit in the private market, it often requires that homeless service providers build up individual networks of partnering landlords or property management companies, or for clients to find units themselves. This dynamic often leads to competition among providers, resulting in varying quality of housing available to clients from program to program based on the relative success of a program's housing location team. Stakeholders highlighted that the following incentives and supports are being provided to landlords in a piecemeal, program by program approach: Landlords Incentive Payments, Contingency Landlord Assurance Funds, Security Deposit Assistance, Mediation Services, Apartment Listing Services, Customer Support Services. There currently is not a centralized or coordinated approach to landlord outreach, engagement, or retention that secures units dedicated to people experiencing homelessness. The County's Housing Authority Division reports recently launching its Landlord Incentive Program to expand existing and new relationships with property managers and landlords that could begin to address the disconnected approach to landlord engagement, outreach, and retention in the region. Additionally, there are a variety of different types of staff, outside of dedicated Housing Specialists and Housing Locators, that are engaging in housing and landlord outreach, many of whom are not trained specifically for this type of service. A majority of respondents to the survey reported that the region's approach to increasing housing units available to people experiencing homelessness is ineffective and insufficient to meet the current housing need of people experiencing homelessness.

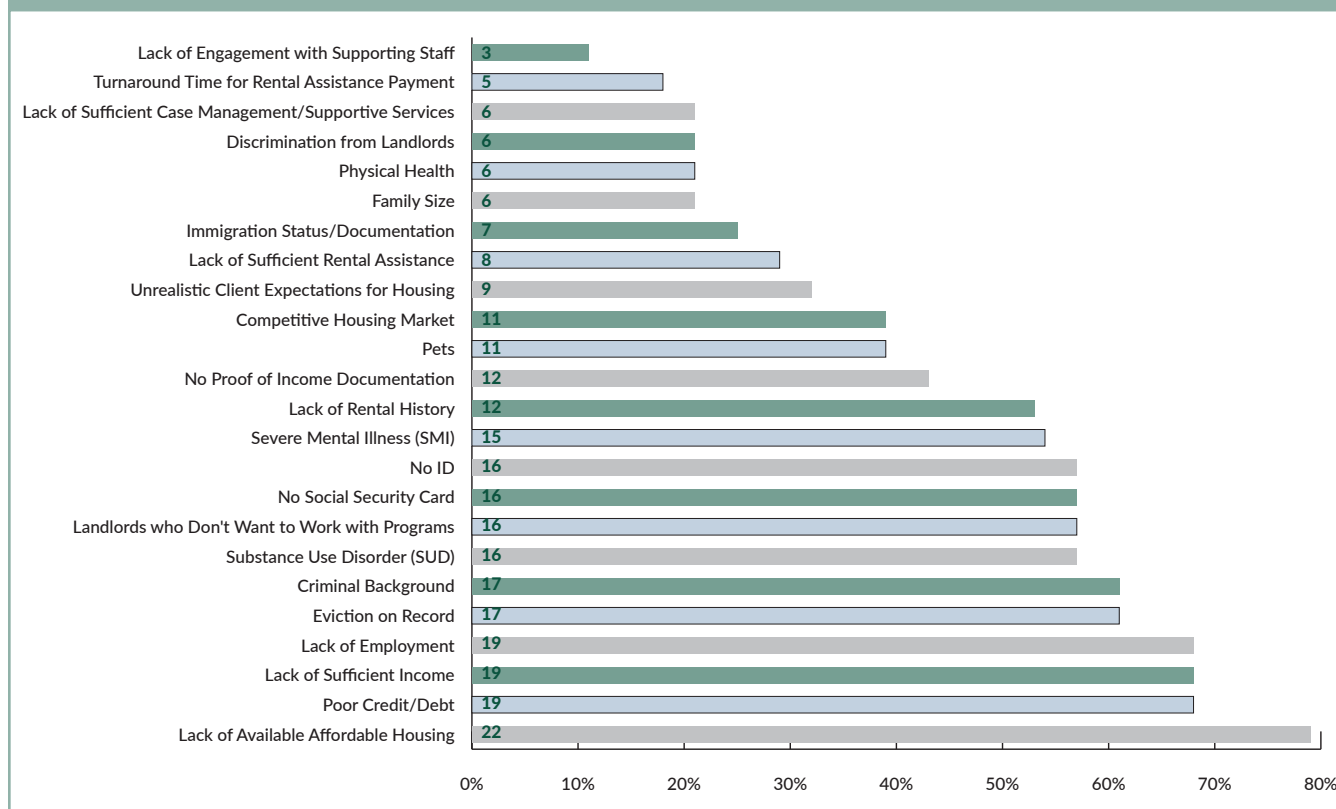
Flex Funds/Move-In Assistance

Stakeholders also highlighted the inconsistent availability of financial supports to support move-in costs. Often providers must use a myriad of creative ways to fund move-in costs such as application fees, security deposits, short term rental assistance and arrears, short-term utility deposit and arrears, family/friend incentives, move-in items, moving fees, reunification fees. These move-in costs represent significant barriers to individuals and families both inside and outside the homeless service sector. Service providers attempt to leverage a multitude of various funding sources to cover a wide variety of costs, but there is not consistent, reliable central entity that offers flexible funds that uniformly covers these costs. As these costs to entry rise for low income and people experiencing homelessness, the commensurate need for flexible funds will also increase.

Barriers to Obtaining Housing

Even after connecting to services in the homeless response system, there are still significant barriers for people experiencing homelessness to obtain housing. The overwhelming number of responses from stakeholders highlighted the lack of affordable housing as a key barrier. Other barriers to people experiencing homelessness to obtain housing pertain to items typically asked on rental applications in the private rental market like: Credit, Income, Employment, Documentation, Criminal Background, Evictions. Severe Mental Illness and Substance Use Disorders were also highlighted as barriers to obtaining housing. These responses from stakeholders highlight the need for more programs and supports to address these barriers through programs, outreach, and advocacy.

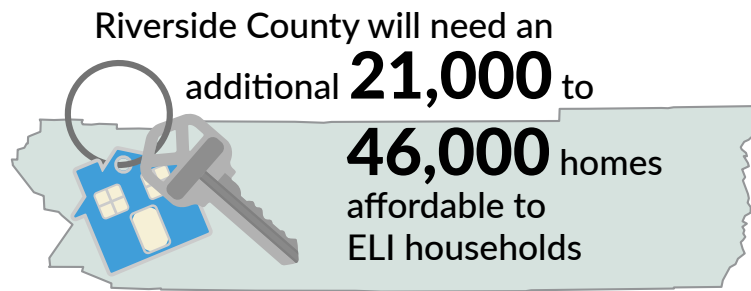
Main Barriers for People Experiencing Homelessness to Obtain Housing



Housing Needs Assessment

The shortage of affordable housing is a core driver of the state and the County of Riverside's homelessness crisis. The impact of this shortage is reflected by challenges of people experiencing homelessness to obtain housing. Across the country, people experiencing homelessness have outlined that their primary goal is to secure stable housing. However, because of the shortage of housing, people experiencing homelessness sometimes spend months or longer on waitlists which exacerbate their social and economic instability and physical and behavioral health conditions. Research has shown that the increased instability that people experience while waiting for housing directly undermines their ability to achieve long-term stabilization and leads to an increased utilization of services.

A major step in solving homelessness is ensuring that every extremely low-income (ELI) household has access to a home they can afford. An affordable home is assumed to be one that rents for 30% of a household's income. Currently in Riverside County, there is a gap of roughly 38,000 homes affordable to ELI households, those earning 30% or less of Area Median Income (AMI), the group most at risk of homelessness. According to two methods of analysis, Riverside County will need an additional 21,000 to 46,000 homes affordable to ELI households. The range is contingent on whether the entire Southern California region meets its overall housing needs. If the entire SCAG region produces enough affordable housing, Riverside County's ELI housing need is about 21,000 homes; if the SCAG region does not produce the additional affordable housing needed, Riverside County's ELI housing need is about 46,000 homes. The method to reach 46,000 units is based on estimates of affordable unit shortfalls that adds units to address overcrowding and healthy vacancy rate.



The RHNA estimate of 21,000 is primarily a production goal, meaning it represents the number of homes that must be built. This goal can only be met primarily by producing new homes or converting existing buildings—such as motels, offices, or commercial buildings—into housing. Each locality’s RHNA is based on a number given to each region from the state, and then distributed across the region by SCAG. The need of about 46,000 additional homes affordable to ELI households does not need to be met by new construction of ELI-affordable units alone. It can be met in a variety of ways, including new construction, maintaining affordability, and reducing cost of housing.

When estimating cost, an analysis of the overall cost of developing 21,000 to 46,000 new homes will need to be included which includes the cost of developing PSH and the cost of subsidy for other homeless programs like RRH.

Furthermore, while most ELI households are severely rent burdened, spending more than half their income on housing, a smaller share are less burdened, spending between 30% and 50% of their income on rent. For that severely rent burdened group, a substantial subsidy would be needed to give access to housing that is affordable. However, for the smaller rent burdened group, a shallow subsidy, about \$220/month, is needed. Therefore, cost estimates can be made that separate out the shallow subsidy and deep subsidy.

Housing Access and Mobility

The vast majority of stakeholders who responded to the survey reported that not all cities within the County of Riverside are accessible for people experiencing homelessness to obtain housing. Cities like Temecula, Murrieta, Palm Springs, Palm Desert, La Quinta, Hemet, San Jacinto, Riverside, Corona, Jurupa Valley, Blythe, Menifee, Wildomar, Perris, Canyon Lake were highlighted as being inaccessible to low-income households trying to obtain housing. These cities are often characterized as high-income cities. Similarly, the majority of responses highlighted cities that were characterized as having high social determinants of health were inaccessible for people experiencing homelessness. Cities with high social determinants of health have access to quality employment, education, healthcare, transportation, supermarkets, housing, green spaces, clean air and water, public safety, etc. After obtaining housing, some respondents highlighted that there were challenges in integrating formerly homeless individuals and families in their community.

Currently most CoC’s do not track or analyze the ZIP code of housing placements in Permanent Supportive Housing, Rapid Rehousing, Housing Choice Voucher (Section 8), or other types of housing interventions. By not disaggregating data at a granular geographic level, like ZIP code, the CoC is unable to analyze larger trends around race equity, concentration of poverty, and social determinants of health. By disaggregating data, the CoC can then make informed policy or programmatic design modifications to ensure that neighborhoods with high social determinants of health are accessible to people experiencing homelessness, and that the outcomes of the homeless response system do not perpetuate residential segregation or the concentration of poverty, but instead are centered on equity, access, and mobility. Changes to policy like revised payment standards or shallow subsidies can be used to not only meet the regional housing need, but also improve system equity.

Approaches to Case Management

A majority of the major homeless service providers in the region implement a Housing First Approach. Housing First is nationally recognized, evidence-based approach that views housing as the first step to addressing homelessness with supportive services provided, as needed. Programs and projects that use a Housing First approach connect people experiencing homelessness to safe, secure, and permanent housing without any preconditions or barriers to entry as quickly as possible. Once in a home, individuals and families who need additional support are offered flexible and voluntary services focused on housing stabilization and improved quality of life. All HUD and state-level funded programs need to demonstrate a Housing First Approach.

Other best practices in case management being utilized in the County of Riverside include Harm Reduction, Motivational Interviewing, Trauma-Informed Care, Critical Time Intervention, Assertive Community Treatment, Nonviolent Crisis Intervention, Peer Supports, and Strength Based Case Management. Stakeholders have highlighted improvements being made in the approach towards a more whole person care, strengths-based approach in certain regions of the County.

During interviews, stakeholders mentioned another approach to case management in in Southwest Riverside County that is not aligned with Housing First called Responsible Compassion that categorizes homelessness in four types.

1. Those who want and will accept a hand up to regain self-sufficiency.
2. Those who may be suffering from mental illness, post-traumatic stress disorder, or other conditions that inhibit reasoning skills.
3. Those who refuse help, and choose to live outdoors, while observing the law
4. Those who refuse help, make a conscious choice to be homeless, and may be engaging in illegal activity (generally associated with theft, public intoxication, trespassing, aggressive panhandling, and vandalism)

These differing approaches reflect the challenges of regionalization outlined above.

Prevent People from Experiencing the Crisis of Homelessness

To achieve Functional Zero, a homeless and supportive housing system needs to be placing as many people in permanent housing as are entering the system each year. In other words, the goal of a high performing system should be to reduce the inflow to a point where it is equal to or less than the outflow. As the chart below shows, over the past four year, the Riverside system has had a net gain of persons in the homelessness system. Addressing this imbalance will require a strong housing focus, continued efforts in prevention and the addition of sufficient housing units to meet demand.

System Inflow and Exits			
Year	1st Time Homeless	Exits to Permanent Housing	Net Gain/Loss
2017	2961	1806	1155
2018	3416	1572	1844
2019	4567	1637	2930
2020	4422	2127	2295

Institutions/Discharge Planning

There was consensus in responses to the survey in the need to improve discharge planning from regional institutions for people experiencing homelessness. Respondents regularly highlighted that many of these institutions were ineffective in their discharge planning for people experiencing homelessness or who were at-risk of homelessness. This included institutions like Health Care, Mental Health, Substance Use Disorder, Criminal Justice/Correctional, Child Welfare/Foster Care, and Juvenile Justice.

Similarly, social support institutions like Medical, Mental Health, Substance Use Disorder, Criminal Justice/Correctional, Child Welfare/Foster Care, Juvenile Justice, Education Schools, Immigration Services, Employment Services could all improve their efforts to identify people at risk for homelessness and rapidly connect them to services before entering homelessness. Respondents highlighted that support networks in Veteran Services and Disaster Relief were successful at identifying people at-risk for homelessness and quickly connecting them to resources.

While prevention and diversion program performance has been successful, stakeholders also highlighted that these programs in the region could be expanded and made more readily accessible to those facing housing instability. Similarly, stakeholders noted that resources and programs that assist those at-risk of entering homelessness when faced with eviction, displacement, or housing discrimination could be improved and made more radically accessible. Stakeholders described that the homeless response system is often ineffective at preventing people from reentering into homelessness, underlining the need for more tracking around reentry and longer term supports.

System Entry

Another way to view system performance is to look at where people enter the system from. Ideally, the system would house everyone who enters it, which would mean that anyone entering the emergency shelter and prevention systems would be experiencing homelessness for the first time.

Because different sub-populations and demographic groups access the system differently, when combined with other barrier to access, uneven outcomes across demographic groups can result.

Entries to the Emergency Shelter System

In 2020 the majority of singles and families, 64%, who entered the emergency shelter system in Riverside County were already in the homeless system; meaning that they were not newly homeless but instead were continuing to experience homelessness. Given the challenges of COVID and the lack of affordable housing, this outcome is not surprising, nor is it uncommon, but is none the less an opportunity for system leaders to look at the structure of the system to find ways to decrease this percentage. An effective housing resolution system should strive to have the capacity to house people at a rate higher than the rate of entry to emergency shelter services.

Another 12% of the singles who entered the system did so from institutional settings. These settings could be jails, hospital, or treatment facilities. Although the percentage is low, this added 301 people to the emergency shelter system. This could point to the need to increase discharge planning and coordination so that these individuals exit to more supportive destinations.

Entries to Prevention Programs

Prevention programs should be designed to identify households at risk of homelessness and help them to stay housed thereby reducing the flow of homeless households into the system. Therefore, the vast majority of system entries should be from households who are housed. In 2020 the prevention programs in Riverside County enrolled 191 households consisting of 318 people. Of those enrolled, 66% of the singles and 82% of families were housed in unsubsidized housing. Another 19% of singles and 3% of families were housed in subsidized housing. The prevention programs appear to be targeting clients appropriately. Of the 318 persons enrolled in 2020, 95 officially exited the program. Of those exits, 94 exited to permanent housing and one exited to homelessness. Overall, the implementation of the program appears to have been a successful in 2020. A consideration for the system is whether the total served could be expanded in coming years. Such an expansion could help to take pressure off the system by helping people to maintain their housing. This might be of particular importance when rent relief and eviction programs end due to the COVID-19 pandemic.

Economic Instability

Stakeholders often linked the economic instability that drives housing instability. When clients obtain housing, they often need supports to meet their basic financial needs and to gain stable employment. Those supports are essential for homelessness prevention and for eliminating bounce back when individuals return to homelessness after “exiting” the system. Respondents highlighted that the system does not account for this and should begin to prioritize not only permanent housing development, but also economic mobility supports and programs for wealth or asset creation that are often buffers to homelessness.

Race Equity

As national research has highlighted, homelessness does not affect all racial and ethnic groups equally, Black and Native Americans are dramatically more likely to become homeless than their White counterparts, and they face unique barriers to exiting homelessness once connected to the homeless response system. As national research underlines, homelessness reflects the failure of social systems to serve people of all racial and ethnic groups equitably in housing, education, employment, wealth accumulation, healthcare, and justice.

HHPWS’s Racial Disparity Report highlights similar trends of disparities in Riverside County. When comparing both the total population and the total number of individuals experiencing homelessness in the County of Riverside, Multi-race, Black/African American, American Indian and Alaskan Native, and Native Hawaiian or Pacific Islander make up a higher percentage of the homeless population compared to the same group’s contribution to the total population. Black/African American individuals account for only 7% of the county’s general population, but account for 18% of individuals experiencing homelessness. In contrast, the total percentage of individuals experiencing homelessness in the two majority groups, Hispanic/Latinx and Non-Hispanic White, was lower than their composition of the total population of the County of Riverside.

The report also highlighted that White individuals experienced homelessness at a lower rate compared to other groups and utilized emergency shelter resources more frequently than other racial and ethnic populations. This trend persists when examining the percentage of White homeless individuals accessing permanent supportive housing programs. While white individuals make up 32% of the homeless population, they represent 42% of total individuals accessing permanent supportive housing services in the County of Riverside.

Further analysis of data on access to shelter, permanent supportive housing, coordinated entry, and exits to permanent destination is needed to create a more accurate picture of racial disparities in Riverside County.

Supportive Service Networks

Overall, respondents to the survey outlined the majority of the supportive service networks could be improved to meet the needs of people experience homelessness. The nutrition and food supportive service network were most acclaimed as a majority of the responses felt that those services were effective in supporting the needs of people experiencing homelessness. Respondents highlighted that the following sectors could be improved were Income Support/Employment, Transportation, Education, Healthcare, Mental Health/Behavioral Health, Substance Use Disorder, Criminal Justice, Legal, and Immigration.

Mental Health/Behavioral Health/Substance Use Services

Stakeholders reported an under resourced Mental and Behavioral Health crisis response network. This places a burden on the law enforcement response to address these concerns with a team that are not mental health providers and are not best suited for service connection or crisis intervention. Riverside University Health System – Behavioral Health has three crisis-type teams to help address mental health/behavioral health and substance use needs. These crisis-type teams are known as Mobile Crisis Management Team (MCMT), Mobile Crisis Response Team (MCRT), and Community Behavioral Health Assessment Team (CBAT). However, despite these resources, stakeholders expressed that the mental and behavioral health network was insufficient to meet the need. Additional feedback highlighted delays for referrals to County Mental Health resources and a lack of interjurisdictional cooperation.

Conclusion

As shown above, the Riverside County Continuum of Care has made significant progress in addressing system and clients need. With the impact of the COVID-19 Pandemic and associated impacts on the economy, 2020 was a difficult year for the homeless response system across the country.

System Strengths include:

- Creation of the Housing, Homelessness Prevention and Workforce Solutions Department.
- A Prevention Program that seems to target the right populations and has strong positive outcomes.
- Implementation of a new Homeless Management Information System (HMIS).
- Starting the integration of the Coordinated Entry System with the new HMIS.
- Strong response to the COVID-19 Pandemic.

System Challenges include:

- A regionalized and fragmented system
- Differing approaches to providing services to persons experiencing homelessness that make the system difficult to access.
- Lack of housing affordable to the Extremely Low-Income Population.
- Lack of Permanent Supportive and Rapid Rehousing opportunities.
- A need to provide more services to key sub-populations like Chronically Homeless, Individuals with Mental Illness, Individuals with Substance Use Disorders, Seniors/Older Adults, and Transition Aged Youth (TAY).
- The accessibility and usefulness of Housing Choice Vouchers.
- Fragmented approach to landlord outreach, engagement, and retention.
- The lack of flex funds and funding for move-in assistance.
- Ineffective cross-sector integration and alignment to address the inflows into homelessness.

The factors above have led to a net gain of persons in the homelessness system. The Riverside CoC has taken important steps to address this in-flow and appears to be poised to continue their hard work in addressing homelessness in Riverside County.

EXHIBIT C

SAFE Family Justice Centers

2021 Executive Management Report

Executive Management Report
November 2021

SAFE Family Justice Centers



SAFE FJC EMERGENCY FINANCIAL ASSISTANCE

Riverside

Arco	\$175	(3)
Walmart	\$675	(5)

8 people served
\$ 850 TOTAL

Indio

Arco	\$675	(8)
Walmart	\$1,625	(18)
Sunline	\$80	(1)
Hotels	\$615.11	(1)
Albertson	\$100	(1)
Non-Grant Hotel	\$736.56	(1)
Non-Grant Stater Bros	\$320	(4)

34 people served
\$ 4,151.67 TOTAL

Murrieta

Arco	\$75	(1)
Walmart	\$200	(1)
Hotel	\$ 1,200	(2)
Non-Grant Target	\$525	

4 people served
\$ 2,000 TOTAL

Temecula

0 people served
\$0.00 TOTAL

TOTAL Hotel Nights:14

YTD Total: 67

TOTAL:\$ 7,001.67

YTD Total:\$52,211.74

TOTAL People Served:46

YTD Total: 253

SAFE FJC Client Service Stats 2021

New Clients Served	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	Total YTD
Initial Intakes Indio	80	108	177	143	142	117	126	104	114	123	122	1,356
Initial Intakes Murrieta	55	56	101	97	57	84	94	90	67	123	117	941
Initial Intakes Riverside	115	146	140	149	129	139	127	124	111	210	102	1,492
Initial Intakes Temecula	22	13	16	17	9	14	15	10	17	28	43	204
Countywide Total:	272	323	434	406	337	354	362	328	309	484	384	3,993
Returning Clients	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	Total YTD
Returning Clients Indio	50	59	62	76	63	71	86	61	48	0	32	608
Returning Clients Murrieta	36	46	39	45	30	28	40	46	57	0	52	419
Returning Clients Riverside	34	78	78	67	49	67	95	96	94	0	54	712
Returning Intakes Temecula	33	30	31	29	27	22	22	19	24	0	12	249
Countywide Total:	153	213	210	217	143	188	243	222	223	0	150	1,962
In Person Assistance During Covid-19	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	Total YTD
In Person Clients Indio	8	6	15	13	13	45	102	91	100	101	95	589
In Person Clients Murrieta	2	4	8	2	9	8	42	18	22	27	32	174
In Person Clients Riverside	14	8	13	14	12	4	47	71	58	38	44	326
In Person Intakes Temecula	0	1	0	0	0	0	0	0	0	0	0	1
Countywide Total:	24	19	36	29	34	57	191	180	180	166	171	1,087

Services are being rendered remotely to victims of crime

Definitions:

New: first time client of the center

Returning: client who returned for one or more services this month

SAFE FJC Client Service Stats 2021 (cont.)

Restraining Order Assistance	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	Total YTD
TRO IFJC	18	27	31	17	25	28	28	27	18	25	17	261
TRO SWFJC	14	4	24	19	16	28	27	25	25	22	33	237
TRO RFJC	8	41	11	15	7	13	7	10	6	7	5	130
Countywide Total:	40	72	66	51	48	69	62	62	49	54	55	628

A Temporary Restraining Order (TRO) is a 50-page application for protection. Restraining Order assistance is one of our most requested services and is often accompanied with significant safety issues experienced by the victim. This is a critical safety service that we provide with extensive safety education.

SAFE FJC Client Service Stats 2021 (cont.)

PARTNER REFERRAL PROGRAMS

EPO Program	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	Total YTD
EPO's received Indio	5	3	6	3	1	3	2	1	0	3	5	32
EPO's received Murrieta	15	12	26	16	16	15	20	24	12	15	19	190
EPO's received Riverside	9	18	18	5	28	22	16	18	17	16	21	188
Countywide Total:	29	33	50	24	45	40	38	43	29	34	45	410
Division of Victim Services FJC Referral Program	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	Total YTD
DVS Referral received IFJC	1	3	14	17	17	6	23	16	9	10	27	143
DVS Referral received SWFJC	2	1	1	2	2	5	3	14	4	22	4	60
DVS Referral received RFJC	11	9	18	29	31	98	33	35	39	24	27	354
Countywide Total:	14	13	33	48	50	109	59	65	59	56	58	564
Child Advocacy Center Referral Programs	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	Total YTD
Barbara Sinatra Children's Center (IFJC)	16	27	21	36	29	18	22	18	23	12	13	235
RCCAT Referrals	23	25	30	25	7	12	11	17	14	14	6	184
Countywide Total:	39	52	51	61	36	30	33	35	37	26	19	419

This data reflects formal referral systems with our largest partner agency referral sources

provide time sensitive victim assistance before the order expires. This is a unique partnership in Riverside County with local LE agencies.

Division of Victim Services FJC Referral Program: Direct victim assistance requests from DVS advocates. Prevents victims from retelling their story and provides access to non prosecution focused and confidential advocacy services.

Child Advocacy Center Referral Programs: Requests for victim assistance that are initiated by child advocacy centers following a child forensic exam or interview.

This project allows for FJC to

FJC CENTERS COUNTYWIDE STATISTICS: DV, SART AND FORENSIC EXAM REFERRAL PROJECTS

Eisenhower Medical Center Indio FJC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	Total YTD
DV Exam and Danger Assessment	6	3	2	1	4	5	5	5	9	5	9	54
SART Exam – Adult	2	2	4	3	7	5	4	9	7	7	0	50
SART Exam – Minor	0	1	0	0	0	1	0	2	1	0	0	5
Total:	8	6	6	4	11	11	9	16	17	12	9	109
Riverside Area Rape Crisis Center Southwest FJC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	Total YTD
FJC Partner Exam (Call Outs)	0	0	0	0	0	0	0	0	0	0	0	0
Murrieta Forensic Exam Program Southwest FJC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	Total YTD
DV Strangulation Exams	3	1	5	3	3	6	1	0	0	0	0	22
DV Strangulation Follow-up Exams	0	1	6	7	1	2	3	0	0	0	0	20
Sexual Assault Exams	4	2	2	3	4	4	0	0	0	0	0	19
Sexual Assault Exam Incomplete	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Assault Follow-up Exams	0	0	0	0	0	2	0	0	0	0	0	2
Peds Acute	0	2	0	1	0	2	0	0	0	0	0	5
Peds Non-Acute	0	1	0	0	0	0	0	0	0	0	0	1
Physical Child Abuse Exams	0	0	0	0	0	0	0	0	0	0	0	0
Physical Child Abuse Follow-up Exam	1	0	0	0	0	0	0	0	0	0	0	1
Non-Investigative Reports	0	0	0	0	0	0	0	0	0	0	0	0
Total:	8	7	13	14	8	16	4	0	0	0	0	70
Riverside University Health System Riverside FJC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	Total YTD
DV Exam and Danger Assessment	1	6	1	3	0	7	2	0	0	3	2	25
SART Exam	0	1	0	2	0	0	0	0	0	0	1	4

Statistics represent direct referrals from countywide Sexual Assault Nurse Examiner Programs (SANE) which collect forensic evidence from victims of abuse. Murrieta is the only FJC location where exams are provided directly on site and is the only location available to victims in SW Riverside County.

This data reflects the number of victims who received forensic exams related to Domestic Violence, sexual assault, and child abuse

Murrieta forensic interview room services ended in July. Partner vacated the center.



DOMESTIC VIOLENCE COUNTS REPORT CALIFORNIA SUMMARY

On September 10, 2020, 93 out of 128 **(73%)** identified domestic violence programs in California participated in a national count of domestic violence services conducted by the National Network to End Domestic Violence (NNEDV). Services provided by domestic violence programs looked different in 2020, as frontline advocates navigated unforeseen challenges due to the COVID-19 pandemic and other crises. The following figures represent the information shared by the participating programs about the services they provided during the 24-hour survey period.

5,591 Victims Served in One Day

2,991 adult and child victims of domestic violence found refuge in emergency shelters, transitional housing, or other housing provided by local domestic violence programs.

2,600 adult and child victims received non-residential assistance and services, including counseling, legal advocacy, children’s support groups, and more.

Table 1: Services Provided on 9/10/20	% of Programs Providing Services
Emergency Shelter	55%
Support/Advocacy Related to Housing/Landlord	31%
Prevention and/or Educational Programs	21%

1,162 Hotline Contacts Received

Domestic violence hotlines are a lifeline for victims in danger, providing support, information, safety planning, and resources via phone, chat, text, and/or email. During the 24-hour survey period, hotline staff in California received 1,162 contacts, averaging 48 contacts per hour.

❖ “Our organization cannot achieve our mission without uplifting and supporting self-determination for Black survivors and communities, including Black queer women, Black trans people, Black Muslim women, Black disabled women, Black criminalized women, Black youth and elders, and Black refugees. We support culturally grounded work by and for Black communities, and culturally responsive work with Black survivors by the rest of us.”

1,263 Individuals Attended Prevention and Educational Trainings

Community education is essential to raising awareness about domestic violence and the resources that are available to victims, while promoting prevention strategies. On the survey day, local domestic violence programs educated 1,263 individuals in communities across California. Advocates provided 81 trainings that addressed domestic violence prevention, early intervention, and more.

984 Unmet Requests for Services in One Day

Victims made 984 requests for services—including emergency shelter, housing, transportation, childcare, legal representation, and more—that could not be provided because programs lacked the resources to meet victims’ needs. Approximately 65 percent of these unmet requests were for housing or emergency shelter.

Greatly increased funding would enable domestic violence programs to provide comprehensive services to all survivors seeking help and to prevent violence in their communities.



**Are you a victim of domestic violence, sexual assault,
human trafficking, child or elder abuse?**

WE CAN HELP

At the SAFE Family Justice Centers, you can expect a private consultation with a confidential victim advocate, who will serve as your guide to help you identify services and options that meet your needs.

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EXHIBIT D

2011 Ending Homelessness among Older Adults and Elders through Permanent Supportive Housing



Ending Homelessness among Older Adults and Elders through Permanent Supportive Housing

Revised Policy Paper Prepared for the National
Leadership Initiative to End Elder Homelessness

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We would also like to thank those who attended the National Convening on Ending Elder Homelessness on October 20th, 2011. The enthusiastic and thoughtful participation by those in attendance made for many robust discussions throughout the course of the day and formed the basis for the revisions that have been made to this policy paper.

Preface

Hearth, Inc. and CSH have joined together to further a national dialogue about the impending crisis of homelessness among older adults and elders, and the importance of permanent supportive housing as an effective model to address this issue. To build a National Leadership Initiative to End Elder Homelessness, Hearth and CSH recruited a National Policy Advisory Panel (Appendix A) comprised of policy makers, advocates and providers.

To inform the work of the Panel and building on work done under the partnership, a National Convening on Ending Elder Homelessness was held on October 20th, 2011 at United Way Worldwide, in Alexandria, Virginia. Fifty-eight participants, representing government officials, policy makers, health care providers, service providers, housing developers and property managers came together for a vibrant day of conversation and policy development focused on the unique needs of this population. The full agenda, including all featured speakers, experts and panelists, is included as Appendix B. Highlights of the Convening are included as Appendix C and a list of the Convening attendees as Appendix D.

A version of this paper was provided to participants in advance of the Convening. It has been revised and expanded based upon the discussions that occurred during and following the Convening.

Introduction

Predictably, mostly due to the Baby Boom Generation, the population of the United States over 45 has been growing faster than younger populations. Between 2000 and 2010, the population of persons ages 45 to 64 years old grew 31.5 percent. The population of persons aged 65 and older also grew faster than most younger population groups.¹ This same trend is being observed among the population of persons experiencing homelessness particularly among those aged 50-64, referred to as “older adults.” Without access to affordable housing and the services they need to stabilize, many among this population will not live to become part of the 65 and older group referred to as “elders.” Older adults who are experiencing homelessness have three to four times the mortality rate of the general population due to unmet physical health, mental health, and substance use treatment needs.² The combination of issues typically associated with homelessness such as mental health and substance abuse with those related to aging such as reduced mobility and a need for assistance with daily activities is requiring that elder housing and services providers develop creative solutions. Fortunately, permanent supportive housing with flexible services is a model that works to address homelessness among older adults and elders. This paper will highlight components of successful models that combine affordable housing and supportive services for this population. It will also propose policy recommendations at the federal and state levels to facilitate the work of ending homelessness.

What Do We Know about Aging Among the Population of Persons Experiencing Homelessness?

Increase of Older Adults, Persons Aged 50-64, among the Population of Persons Experiencing Homelessness

In studies across the country, there appears to be a clear upward trend in the proportion of persons aged 50-64 among the homeless population. This age group is typically referred to as “Older Adults.” The Sixth Annual Homeless Assessment Report to Congress found that the sheltered homeless population age 51 to 61 has grown from 18.9% of total sheltered persons in 2007 to 22.3% in 2010.³ These increases primarily coincide with the aging of the population of persons known as “baby boomers” in the population as a whole. Research by Dr. Dennis P. Culhane has documented that this cohort has had an “elevated and sustained risk for homelessness over the last twenty years” due to a combination of social and economic factors.⁴

Proportion of Older Adults among Persons Experiencing Chronic Homelessness

The U.S. Department of Housing and Urban Development currently defines “chronically homeless” as an individual or family head of household with a disabling condition who “has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years, where each homeless occasion was at least 15 days”⁵ In correspondence regarding his paper, “The Age Structure of Contemporary Homelessness: Risk Period or Cohort Effect?” Dr. Culhane indicates that “[T]he emergent

'aging homeless' population is primarily from the cohort born between 1954 and 1964. Their average age is 53 right now, with a life expectancy of 64." Dr. Culhane further estimates that approximately one-half of the current chronic homeless population is from this cohort or just adjacent to it for a total of 55,000 individuals at a point in time. This number can be expected to double over a two to three year period. Among this population, Dr. Culhane believes that "[T]heir chronic disease management issues are going to increase dramatically over the next ten years, and presumably their acute and long-term care costs [will also increase.] Without housing and care management, many will need nursing home placements."⁶

Status of Elders, Persons Aged 65 and Older, Among the Homeless Population

Although the primary increase among the homeless population has been among older adults as defined above, the Sixth Annual Homeless Assessment Report to Congress showed that between 2007 and 2010 the number of sheltered homeless individuals over 62 increased slightly to 4.2%. The relatively low percentage of this population of "elders," persons age 65 and over, among the current homeless population may be due to the increased availability of subsidized housing for seniors (at age 62,) Medicare (at age 65) and Social Security benefits (at age 65) among this age group. It may also be due to the low average life expectancy of 64 for older adults experiencing homelessness per Dr. Culhane's research. It is expected, however, that this age group among those experiencing homelessness will continue to grow particularly as the baby boomer cohort continues to age.

Aging in Place in Permanent Supportive Housing

In addition to the aging of persons who are currently experiencing homelessness, the population of older adults and elders in permanent supportive housing appears to be significant. The Chicago study "Homeless Over 50: The Graying of Chicago's Homeless Population" found that "in a number of housing programs for people who are homeless, the proportion of older residents is reaching 50%."⁷ Similarly, the population of individuals aged 51 and up in permanent supportive housing in "The Sixth Annual Homeless Assessment Report to Congress" was 39.8%.⁸ A 2009 study by Hearth, Inc., a supportive housing program targeting homeless older adults and elders in Boston, Massachusetts, found that one-third of Hearth, Inc. residents were between 65-74 and 22% were over age 74.⁹ As these individuals age, they may require additional specialized services and modifications to their housing units in order to maintain housing stability and prevent them from unnecessarily going to long-term care.

How are Older Adults and Elders who are Experiencing Homelessness Different than Younger Adults?

Health Status Relative to Younger Adults

The most notable difference between older and younger homeless adults is the older adults' compromised health status; one study found that they were 3.6 times as likely to have a chronic medical condition as homeless adults under 50.¹⁰ Another study found that 85% of homeless persons over age 50 reported at least one chronic medical condition.¹¹ Homeless adults between ages 50 and 62 often have healthcare needs similar to those of people who are 10 to 20 years older. The harsh conditions of life on the streets

exacerbate existing chronic health conditions as well as illnesses that grow more common with age, such as diabetes, cardiac disease, circulatory problems, and hypertension. While such illnesses are always challenging to manage, living on the streets or in a shelter creates multiple barriers to adherence to medical regimens. For example, homeless persons may lack access to refrigeration for medications, their prescribed diets may be compromised by limited menu choices at food banks or shelters, and getting adequate rest is challenging when shelters close early in the mornings. Their physical health is further compromised by exposure to extremes of heat and cold on the street, and by exposure to contagious illnesses in shelters.

Cognitive Impairments

Older homeless adults are also more likely than younger homeless adults to have cognitive impairments.¹² Such impairments may result from dementia, depression, long-term effects of alcohol abuse, or be caused by health conditions such as cardiovascular problems.¹³ Regardless of the cause, cognitive impairments can impact a person's ability to follow medical recommendations, to successfully seek out healthcare services and to navigate the systems that provide public benefits, services and housing opportunities.

Mental Health and Substance Use

Though their physical healthcare needs are considerable, like other people who have been homeless for long periods of time, older homeless persons may have co-occurring mental illnesses and/or substance abuse disorders. While experts estimate that 30% of the general homeless population has a mental health condition,¹⁴ 56% of Hearth, Inc. residents reported having one or more diagnosed mental health conditions and almost three-quarters reported feelings of sadness and depression. These mental health conditions are often co-occurring with substance use, chronic physical health ailments, or both. About 40% of Hearth, Inc. residents reported past alcohol or drug problems along with chronic health conditions that include 69% with heart or circulatory problems, 61% with high blood pressure, 52% with diabetes and 52% living with arthritis.¹⁵ These characteristics are typical of older adults and elders experiencing homelessness.¹⁶ Any organization working with this population must have the capacity to meet their high service needs.

Mortality Rate

Unfortunately, these complicated, and often unmet, physical health, mental health and substance abuse needs lead to a mortality rate for older adults and elders experiencing homelessness that is three to four times that of the general population.¹⁷

How Can We Prevent and End Homelessness among Older Adults and Elders?

Preventing Homelessness among Older Adults and Elders

Although the focus of this paper is primarily on addressing the needs of homeless older adults and elders who are already experiencing homelessness, developing strategies to prevent homelessness among older adults and elders who are at-risk is also critically important. In research conducted by Shelter Partnership

to inform their “Homeless Older Adults Strategic Plan,” many formerly homeless persons revealed that “discharge from hospital or illness/medical problems led to their homelessness.” This led to the conclusion that, “It seems that better discharge planning and more avenues for managing health problems might have prevented the homeless status of a significant number of transitioning and older adults.”¹⁸ This is consistent with research indicating that coordinated discharge planning can form the foundation for a comprehensive community homelessness prevention strategy.¹⁹ Recently HUD launched the Homeless Prevention and Rapid Rehousing Program (HPRP) using funding from the 2009 American Recovery and Reinvestment Act). Although the data that is available to date on HPRP indicates that only a small percentage (5.0%) of the total clients served were age 55 and over, this program still offers a potential model of prevention for this population. Comprehensive outcome data is only available on the first year of the program, but reflects that “94 percent of all HPRP program participants, for whom destination at exit was known, exited to a permanent housing destination.”²⁰

Effectiveness of Permanent Supportive Housing for this Population

Given the multiple, high risk physical and behavioral health conditions experienced by the older adult and elder homeless population, the provision of permanent, affordable housing linked to a comprehensive array of supportive services is essential. The provision of supportive housing is the first step towards stabilization of physical and mental health, for many older adults and elders who are experiencing homelessness. Without supportive housing, healthcare is likely to be received intermittently in emergency rooms and other crisis oriented health facilities, which is expensive and results in fragmented care. Supportive housing reduces the use of emergency services, resulting in significant savings of public dollars, while providing the coordination of physical and behavioral health services that is essential for older homeless adults. Supportive housing also reduces the likelihood that homeless older adults will be placed in nursing homes or convalescent care facilities. According to researchers Hahn, et. al, “New programs that integrate healthcare with more stable housing, such as supportive housing, may be important steps for avoiding end stage disease and institutionalization in older homeless persons with complex medical regimens needing frequent office visits.”²¹ In fact a recent case study by National Church Residences found that the cumulative annual cost savings for one of their buildings, the Commons at Buckingham, was greater than \$800,000 based on 18 residents who had moved into the permanent supportive housing development from skilled nursing care and group homes.

Defining Permanent Supportive Housing

Permanent supportive housing (PSH) is a model of affordable housing connected to supportive services typically targeted at individuals or families experiencing or at-risk of homelessness and who are likely unable to retain permanent housing without ongoing supports. Supportive housing should not be thought of as a separate and distinct intervention, but rather a combination of:

- affordable housing with deep subsidies and tolerant landlords/property management;
- care management (services engagement, motivational client-centered counseling, goal setting and services planning, services coordination, and connection to mainstream services);
- and evidence-based services models rooted in cognitive behavioral and family systems approaches.

Supportive housing models come in a variety of forms and configurations ranging from apartment buildings that exclusively or largely house formerly homeless (special needs) families or individuals to apartment buildings that mix special needs housing with general affordable housing units to rent-subsidized units leased on the private market to long-term set-aside units designated for special needs tenants within privately owned buildings. While the physical configuration may vary, supportive housing generally shares the following common features:

- Units are intended and designated for individuals or families who are homeless, at-risk of homelessness, and who have multiple barriers to independent living.
- Tenant households ideally pay no more than 30% of household income towards rent and utilities.
- The tenant household has a lease (or similar form of occupancy agreement) with no limits on length of tenancy, as long as the terms and conditions of the lease or agreement are met.
- All members of the tenant household have easy, facilitated access to a flexible and comprehensive array of supportive services designed to assist the tenants to achieve and sustain housing stability.
- Service providers proactively seek to engage tenants in on-site and community-based supportive services, but participation in such supportive services is not a condition of ongoing tenancy.
- Service and property management strategies include effective, coordinated approaches for addressing issues resulting from substance use, relapse and mental health crises, with a focus on fostering housing stability.

Permanent supportive housing has been demonstrated to be effective using a variety of measures. Studies from across the country have shown the following results when comparing the time before a person experiencing homelessness enters permanent supportive housing to the time after they are housed:

- Emergency room visits decline by 57%²²
- Use of emergency detoxification services decline by 87%²³
- The rate of incarceration declines by 52%²⁴
- More than 83% stay housed for at least one year²⁵

How is Permanent Supportive Housing Different from Assisted Living?

Although assisted living plays a key role in the continuum of housing and service options for older adults and elders, it is important to understand how this model differs from permanent supportive housing. Both models provide a range of supportive services targeted to the needs of older adults, but assisted living facilities typically provide a wider array of more intensive services and are certified and regulated at the state level. Assisted living facilities have 24 hour staffing, provide assistance with medication management, personal care, housekeeping and provide most meals. Many assisted living facilities have special units for memory impaired individuals. Typically an elder might move from supportive housing to assisted living if the need for more assistance becomes necessary. In permanent supportive housing, tenants hold leases in their own names and have complete independence with regard to entering and leaving their unit. These characteristics are shared by some, but not all, assisted living facilities.

What are the Key Elements in Developing Successful Permanent Supportive Housing for Homeless Older Adults and Elders?

Targeting Affordable Housing to the Older Adult and Elder Populations

Permanent supportive housing developers have been successfully creating housing for the older adult and elder populations using a variety of resources. Many such developments have been financed using sources of capital and operating funding that are not specifically targeted to this population. These sources, which include state and local capital funds, the Low Income Housing Tax Credit, the Federal Home Loan Bank Affordable Housing Program, Housing Choice Vouchers, and state and local rental subsidies, are those that have been commonly used in the development of permanent supportive housing for persons experiencing homelessness of any age. In addition to these funding sources, HUD Section 202 is the primary dedicated funding source for capital and operating funds for developments targeted to low-income elders. Although Section 202 developments do not automatically contain the robust services needed in permanent supportive housing, this funding can be combined with supportive services targeted to the needs of homeless elders in all or some of the units in a given development. Regardless of the funding source used to develop them, targeting units of housing to older adults and seniors who have experienced homelessness can both facilitate the inclusion of design features to address issues of aging and allow for the development of a package of services in line with best practices.

Developing a Comprehensive Services Plan that Emphasizes Coordination and Accessibility

A wide range of age appropriate services, often onsite, are needed by homeless older adults and elders in supportive housing. These services include: specialized outreach services, assistance with activities of daily living, 24-hour crisis assistance, physical health care, mental health care, substance use treatment, transportation services, payee services, care coordination with community providers, nutrition and meal services, and community building activities aimed at reducing isolation. This requires individualized health treatment plans that take into account the interplay of the chronic, often co-occurring, health conditions along with the normal physical and psychological changes that come with age. Making use of multi-disciplinary service teams that can provide “one stop” access, and facilitate coordination, has been found to be a successful approach. Providers have also found that offering services on-site is ideal for older tenants who might have difficulty traveling to off-site services.

Understanding the Specific Needs of Homeless Older Adults and Elders

Developing appropriate service plans for homeless older adults is frequently complicated by the interplay of the chronic physical illnesses, mental illnesses, and addictions with the normal physical and psychological changes that come with age. Experienced providers also report that older homeless persons are sometimes difficult to engage in services due to their belief that participation might result in being “put in a home,” losing their independence, or having their money taken from them. Age-related hearing and vision loss may also contribute to a sense of heightened anxiety and lack of trust. Older homeless adults are therefore best served by professionals who both possess knowledge of geriatric health care principles and who are sensitive to the fears and concerns of older homeless adults. Outreach workers who can meet

clients where they are and help to connect them to needed services can play an especially critical role in this process.

Providing Assistance Navigating Systems and Accessing Benefits

Assisting homeless older adults to access available housing, services and benefits may require making accommodations for age-related physical problems, such as loss of hearing and sight, mobility problems and general physical frailty. In addition, cognitive impairments can significantly reduce a person's ability to understand what benefits are available, to complete application processes and to follow-up with providers when needed. Despite these challenges, accessing public benefits is crucial, since it is unrealistic to expect many older persons with chronic health problems to increase their incomes through employment. Additionally, those who are able to work may have difficulty competing with younger workers for jobs. Veterans Benefits, Veterans Administration (VA) medical facilities, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Medicare, and Medicaid are all important safety net programs for residents. Often, especially for those with long episodes of homelessness, proving eligibility for these programs is complicated. In addition, homeless older adults and elders may not have the family support system--spouses, children, other relatives and friends--who can help them access programs by doing things like helping them remember important information or providing transportation to agency offices. There are effective strategies for navigating systems. For example, the SSI/SSDI Outreach, Access and Recovery (SOAR) Initiative has helped case managers across the country expedite SSI and SSDI eligibility determinations and reduced inefficiencies in the application process. In addition, veteran health facilities and benefit offices are partnering with the homeless system to ensure current and future veterans no longer experience homelessness.

Creating Housing that is Accessible, Safe and Allows Tenants to “Age in Place”

Homeless older adults may have significant challenges to completing activities of daily living (ADLs), such as cooking, cleaning, doing laundry and bathing, due to limited mobility or cognitive impairments and may benefit from living in housing that has been thoughtfully designed with safety in mind. Therefore, the use of Universal Design features is recommended to facilitate tenants' comfort, safety, and ability to live independently. At least some units should be accessible according to ADA guidelines, and it is recommended that other units are designed to be adaptable, that is, they can be easily converted into accessible units, if needed. In addition, offering housing units in a range of sizes, some of which can accommodate live-in aides, will increase older tenants' ability to successfully “age in place.”

Planning for Medical and Cognitive Decline

Addressing the medical and/or cognitive decline of a tenant may require arranging for additional services, such as in-home care, visiting nurse services or even hospice services, in order to avoid a person having to move into an institution in his or her final days. Projects that serve homeless older adults will ideally have policies in place that permit stays in hospitals and convalescent care facilities without resulting in tenants' loss of housing. Despite staff and tenants' best efforts, some occasions may arise when it is appropriate to move a tenant to a setting that provides a more intensive level of care. In such circumstances, both

tenants and staff will benefit from having clear policies and procedures in place, and well-oiled referral routes, to smooth the transfer of the tenant to the more appropriate setting.

Strategies to Promote the Availability of Permanent Supportive Housing for Older Adults and Elders Experiencing Homelessness

As illustrated by the various systems engaged in the best practices explained above, coordination among a wide variety of federal, state and local systems is necessary to effectively end homelessness for older adults and elders. The following strategies and accompanying policy recommendations have been developed with the intention of promoting the availability of housing and services, specifically using the model of permanent supportive housing, targeted to these populations. It is important to note, given the current challenging financial times, that numerous studies have documented the significant cost savings that result from providing permanent supportive housing to vulnerable populations, and in particular to homeless populations²⁶. In addition, many of the recommendations listed in this section would provide for additional cost savings by allowing for more efficient use of existing resources such as Medicaid and for the avoidance of expensive institutional care.

Promote the Availability of Affordable Housing that Can be Combined with Services and Made Available to this Population

In addition to the need for supportive services among older adults and elders experiencing homelessness, there is also a serious lack of affordable housing options available to this and all low income populations. A 2006 study by AARP found that 10 applicants wait for every single unit of Supportive Housing for the Elderly (HUD Section 202) created.²⁷ This excess demand for HUD Section 202 housing is increased due to the limited supply of public housing units and HUD Housing Choice Vouchers (Section 8). The National Low Income Housing Coalition's annual affordable housing assessment report, "2011 Out of Reach," finds that there is a shortage of 3.4 million affordable housing units. Given this severe shortage, it is unrealistic to expect the current rental housing market to meet the needs of older adults and elders who are homeless or at-risk of homelessness. Therefore, strategies to assist this population must include the creation of additional units of affordable housing and the renovation of existing housing stock.

- **Federal Policy Recommendation #1:** Congress and the Administration should amend the Low-Income Housing Tax Credit Program to provide a credit boost of 15% for Permanent Supportive Housing for persons experiencing homelessness.
- **Federal Policy Recommendation #2:** Congress should increase funding for publicly assisted housing in need of renovation to accommodate older adults and elders who are experiencing homelessness or aging in place in permanent supportive housing through the Section 8 program, Public Housing capital account, Public Housing operating account, Community Development Block Grant, and HOME program.

- **Federal Policy Recommendation #3:** Congress and HUD should improve the HUD Section 202 program by:
 - 3.1: Encouraging communities to target Section 202 units to older adults and elders who are experiencing homelessness or who are at risk of homelessness.
 - 3.2: Increasing funding for Section 202 to allow for larger projects in urban areas that encompass onsite services and community space and targeted projects in rural areas that coordinate housing with off-site community service providers.
 - 3.3: Creating a pilot program that pairs HHS funding for supportive services with HUD Section 202 funding to prevent homelessness and avoid unnecessary institutional care.
- **Federal Policy Recommendation #4:** Congress and the Administration should increase funding for Housing Choice Vouchers and pass Section 8 program reform.
- **Federal Policy Recommendation #5:** HUD should give bonus Section Eight Management Assessment Program (SEMAP) points to Public Housing Authorities that significantly increase the percentage of program participants who were homeless on admission to the program, through partnerships with service providers, wait list preferences, and use of Project Based Vouchers to reserve units for households experiencing homelessness.

In addition to the federal policy recommendations outlined above, there are a number of state-level opportunities to promote the availability of permanent supportive housing for older adults and elders who are experiencing homelessness.

State Policy Recommendation #1: Direct state and local capital development resources to developing new or retrofitting existing permanent supportive housing units targeted to vulnerable populations including older adults and elders who are experiencing homelessness or who are aging in place in permanent supportive housing.

- 1.1 State housing finance agencies should target vulnerable populations including homeless older adults and elders through their Low-Income Housing Tax Credit Qualified Allocation Plans.
 - 1.2 Local governments should emphasize the needs of vulnerable populations including homeless older adults and elders in local HUD consolidated plans.
 - 1.3: State and/or local Continuums of Care and/or Interagency Councils on Homelessness should ensure that the needs of vulnerable populations including homeless older adults and elders are being consciously included in the use of available funding serving persons experiencing homelessness.
- **State Policy Recommendation #2:** Units of state and local government should promote the involvement of Public Housing Authorities in designating housing for older adults and seniors and in supporting the ability of existing residents to age in place.

- Housing authorities such as the Atlanta Housing Authority and the Brattleboro Housing Authority are redesigning units and working to coordinate the provision of services targeted to this population.²⁸
- **State Policy Recommendation #3:** State housing, health and aging agencies should explore creative opportunities to fund permanent supportive housing for older adults and elders by capturing cost savings associated with any reduction in Medicaid/Medicare costs.
 - The Senior Care Options program, a Massachusetts managed care program for low income seniors, utilizes a risk adjusted global payment which lowers total Medicaid/Medicare costs significantly below projected costs. A similar homelessness risk adjustment factor could be created using this technique. If the risk adjustment factor is high enough, as studies suggest it would be, this could in fact include funding for housing, whether through vouchers or new developments such as via expanded 202 funding. This could become the basis also for recapturing funding for a new funding vehicle known as social impact bonds, or SIBs. These bonds bring private investment to finance prevention programs proven to save public money over time and offer a return on investment based on the success of the intervention.

Increase Access to Services that Promote Health and Housing Stability among Older Adults and Elders and that can be Provided in a Permanent Housing Setting

As the American Association of Homes and Services for the Aging noted in their report “Implications and Practice and Policy Issues of Affordable Senior Housing with Services Options” for the National Summit on Affordable Housing with Services, successfully targeting the needs of older adults and elders in permanent supportive housing requires “breaking down long-standing silos between housing and services.”²⁹

Although state departments of mental health and substance abuse and housing finance agencies are very much engaged in permanent supportive housing in many states, this is less true with regard to state departments on aging and Medicaid. States must begin or build upon existing work to outreach to these departments and to streamline the ability of PSH projects serving elders to access critically needed services. The federal government can also pave the way for these efforts by modeling interagency collaboration.

- **Federal Policy Recommendation #6:** The Centers for Medicare and Medicaid Services and the Center for Medicare and Medicaid Innovation should work together to target resources and promote models that successfully connect community support services to housing for older adults and elders with chronic conditions who are homeless or at-risk of homelessness.
- **Federal Policy Recommendation #7:** Congress and the Administration on Aging should develop a grant program for services such as outreach, general case management and housing placement which are often not Medicaid reimbursable. These services should be made available in conjunction with housing and services programs for older adults and elders with chronic conditions who are homeless or at-risk of homelessness.

- **State Policy Recommendation #4:** At the state level, create or expand upon existing interagency collaboration to include state departments on aging and Medicaid in policy development with regard to older adults and elders who are homeless or at-risk of homelessness.
 - 4.1: States should implement the Medicaid Health Homes for Those with Chronic Illness State Plan Option and explore ways to target older adults and elders experiencing homelessness.
 - 4.2: States should use either the Home and Community Based Services Medicaid Waiver (HCBS) (1915c) or the HCBS State Plan Option (1915i) to couple Medicaid and Medicare benefits to ensure older adults and elders have comprehensive services that allow them to remain in the community and age in place.
 - 4.3: States should implement the Community First Choice State Plan Option (1915k) and target older adults and elders. This option allows states to provide home and community based services to people who may have higher incomes than the normal Medicaid eligible person. This can play a role in preventing homelessness and institutionalization.
 - 4.4: Target state health and social services funding (departments of aging and behavioral health agencies), federal block grants and general revenue, to the most vulnerable including older adults and elders experiencing homelessness.
 - 4.5: Promote the use of state, federal and local Medicaid/Medicare partnerships such as the PACE program for use as a source of supportive services funding for homeless older adults and elders in permanent supportive housing
 - 4.6: Partner Federally Qualified Health Centers with supportive housing for older adults and elders.
 - 4.7: State departments on aging should encourage local area agencies on aging to actively partner with the health care system, public housing authorities and local HUD continuums of care to ensure the needs of vulnerable adults and elders are comprehensively addressed.

- **State Policy Recommendation #5:** State housing and health agencies should develop or facilitate the use in permanent supportive housing of state funded in-home personal care and domestic support services designed to help tenants maintain their independence in housing.
 - The State of California Department of Social Services administers the county-based In-Home Support Services/Personal Care Services Program. This program, funded jointly with federal and state funds, provides personal care and domestic services to persons who are aged, blind, or disabled and need the services to remain safely in his or her own home.³⁰ These services are being used by permanent supportive housing developments targeting homeless older adults such as the Potiker Family Senior Residence in San Diego.

- **State Policy Recommendation #6:** In states with contracts for the provision of services in permanent supportive housing (e.g. New York, Connecticut) allow for increases to these contracts to account for the enhanced service needs of elders due to health conditions or other age-related challenges.

What Happens Now?

To continue the work of the National Leadership Initiative, CSH and Hearth have each outlined in the following section their 2012 commitments with regard to this project. The policy recommendations and the related strategies for ending older adult homelessness in the preceding sections will be difficult to implement without action on the part of the many organizations that have a stake in promoting an end to homelessness among older adults and elders. CSH and Hearth, Inc. are encouraging organizations to identify one or more recommendations that they can commit to promoting in 2012. Following the release of this revised policy paper, CSH and Hearth, Inc. will convene a webinar to invite organizations to share these commitments and associated implementation strategies.

Corporation for Supportive Housing

- CSH will post this policy paper and other relevant resources on its newly relaunched website, www.csh.org. CSH will also look for opportunities throughout 2012 to publicize the needs of older adults and elders who are experiencing homelessness through the many trainings, conferences and convenings in which its staff participate.
- In 2012, CSH is working to develop a toolkit for public housing authorities that are interested in playing a role in the development of permanent supportive housing. In this toolkit, CSH will be able to provide public housing authorities with strategies they can use to address the needs of homeless older adults and elders and support the implementation of:
 - **State Policy Recommendation #2:** Units of state and local government should promote the involvement of Public Housing Authorities in designating housing for older adults and seniors and in supporting the ability of existing residents to age in place.
- CSH will take the lead in working with the Administration on Aging to develop the grant program outlined in:
 - **Federal Policy Recommendation #7:** Congress and the Administration on Aging should develop a grant program for services such as outreach, general case management and housing placement which are often not Medicaid reimbursable. These services should be made available in conjunction with housing and services programs for older adults and elders with chronic conditions who are homeless or at-risk of homelessness.
- Through both our national and local staff, CSH will work with state health care financing agencies to increase services dedicated to vulnerable older adults and elders in order to prevent and end homelessness, prevent unnecessary institutionalization, and reduce overall healthcare system costs. This work dovetails with the recommendations listed here:
 - **State Policy Recommendation #3:** State housing, health and aging agencies should explore creative opportunities to fund permanent supportive housing for older adults and elders by capturing cost savings associated with any reduction in Medicaid/Medicare costs.
 - **State Policy Recommendation #4:** At the state level, create or expand upon existing interagency collaboration to include state departments on aging and Medicaid in policy

development with regard to older adults and elders who are homeless or at-risk of homelessness.

- As part of its overall policy advocacy agenda, CSH will push for the implementation of:
 - **Federal Policy Recommendation #1:** Congress and the Administration should amend the Low-Income Housing Tax Credit Program to provide a credit boost of 15% for Permanent Supportive Housing for persons experiencing homelessness.
 - **Federal Policy Recommendation #4:** Congress and the Administration should increase funding for Housing Choice Vouchers and pass Section 8 program reform.
- CSH has developed the Seven Dimensions of Quality for Supportive Housing. These Seven Dimensions have associated definitions, indicators, and assessment tools. CSH expects to work on updating and revising the Seven Dimensions in 2012 and will work to incorporate elements of best practice with regard to meeting the needs of homeless older adults and seniors.
- CSH has a number of initiatives focused on creating solutions for persons who are frequent users of public systems. For example, CSH kicked off its leadership of a five-year national initiative to create innovative solutions at the intersection of supportive housing and healthcare. Backed by the federal Social Innovation Fund award, the initiative will result in a model of supportive housing linked to health services that saves public dollars and improves the lives of very vulnerable men and women. These innovations will undoubtedly include older adults and elders experiencing homelessness and inform our efforts to develop cost effective solutions for this group.

Hearth, Inc.

- Hearth will post this paper and other relevant resources on its website, www.hearth-home.org
- Hearth will focus its energy on continuing to “spread the word” about the challenges and of homelessness among older adults and elders and solutions targeted to the needs of this group, by continuing to actively engage members of the NLI Policy Advisory Panel, participants in the NLI national convening in October 2012, and other new “recruits” in presenting the results and recommendations of this document to a broader audience.
- As part of this strategy, Hearth will also continue to coordinate with CSH and will expand its partnership with The Shelter Partnership in Los Angeles to look for opportunities throughout 2012 to publicize the needs of older adults and elders who are experiencing homelessness through the many trainings, conferences and convenings in which our staff and partners participate.
- Working in partnership with The Shelter Partnership, Hearth will produce a second national convening of the NLI in Los Angeles in the fall of 2012. The purpose of this convening is to extend the dialogue of our first convening to the West Coast with a particular focus on the significant needs of this population and a focus on the many best practices which have begun to flourish there in the past several years.

Conclusion

The content and recommendations contained in this policy paper are an outgrowth of the work of the National Leadership Initiative to End Elder Homelessness and the National Policy Advisory Panel to the Initiative. The paper was developed in order to begin a dialogue at the National Convening on Ending Elder Homelessness and revised based on conversations and feedback from the event. The strategies and recommendations contained here provide a framework for action for organizations who are interested in preventing and ending homelessness among vulnerable older adults and elders. CSH and Hearth, Inc. look forward to ongoing collaboration with the many partner organizations in this effort that each have a critical role to play in ensuring that no one, particularly not older adults and elders, experiences homelessness in America.

End Notes

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Appendix A

National Leadership Initiative to End Elder Homelessness: National Advisory Panel List

Chair of the National Advisory Panel

Ellen Feingold, Hearth Founder, Past President of Jewish Community Housing for the Elderly, Brighton, MA

Co-Chairs of the National Leadership Initiative to End Elder Homelessness

Mark Hinderlie, President & CEO, Hearth, Inc., Boston, MA

Connie Tempel, Chief Operating Officer, Corporation for Supportive Housing, New York, NY

Peggy Bailey, Senior Policy Advisor, Corporation for Supportive Housing

Sarah Carpenter, Executive Director of the Vermont Housing Finance Agency, Burlington, VT

Dennis Culhane, Professor, School of Social Policy and Practice, University of Pennsylvania, Philadelphia, PA

Deborah De Santis, President & CEO, Corporation for Supportive Housing, New York, NY

Gail Dorfman, Commissioner, Hennepin County, Minneapolis, MN

Jane Fumich, Director, Cleveland Department of Aging, Cleveland, OH

Aaron Gornstein, Executive Director, Citizens' Housing and Planning Association, Inc., Boston, MA

Rodney Harrell, Senior Strategic Policy Advisor for Housing, AARP International, Washington, DC

Gerard Holder, Legislative Director, Council of Large Public Housing Authorities, Washington, DC

Rev. Laura Jervis, Executive Director, West Side Federation for Senior and Supportive Housing, New York, NY

Beth Lewis, Program Director, Outreach Coordination Center, Project H.O.M.E. Philadelphia, PA

Nancy Libson, Director of Housing Policy, American Association of Homes and Services for the Aging, Washington, DC

Michael Marcus, Program Director, Older Adults, the Harry and Jeanette Weinberg Foundation, Owings Mills, MD

David Miller, Project Director, the National Association of State Mental Health Program Directors, Alexandria, VA

Jim O'Connell, MD, President, Boston Health Care for the Homeless Program, Boston MA

Doug Poutasse, Executive Vice President, Head of Strategy and Research, Bentall Kennedy, Boston, MA

Nancy Radner, CEO, Chicago Alliance to End Homelessness, Chicago, IL

Steve Renahan, Senior Policy Advisor, Shelter Partnership, Los Angeles, CA

Nan Roman, President & CEO, National Alliance to End Homelessness, Washington, DC

Thomas Slemmer, President & CEO, National Church Residences Columbus, OH

Mohini Venkatesh, Senior Director, Public Policy, National Council for Community Behavioral Healthcare, Washington, DC

Public Officials Who Serve as Resources (Not Official Members of National Policy Advisory Panel)

Greg Case, Director, Office of Home and Community-Based Services, Administration on Aging, Washington, DC

Jennifer Ho, Deputy Director, Accountability Management, U.S. Interagency Council on Homelessness (USICH), Washington, DC

Mark Johnston, Deputy Asst. Secretary for Special Needs, HUD Office of Community Planning and Development, Washington, DC

Mark Kissinger, Deputy Commissioner, Office of Long Term Care, New York State Department of Health, Albany, NY



Appendix B

National Leadership Initiative to End Elder Homelessness: Strengthening Collaboration and Developing Solutions

Agenda

Goals and Objectives

The goal of this Convening is to further a national dialogue about the impending crisis of homelessness among older adults and elders, and the importance of providing permanent supportive housing to this population. The Convening brings together elected and appointed officials from across the country, advocates, housing providers, and elder service providers, including health and mental health providers, to develop concrete strategies and policy recommendations that will meet the unique needs of this population.

Breakfast and Registration	9:00 am
Welcome and Introductions <ul style="list-style-type: none"> Welcome to the Convening <ul style="list-style-type: none"> Ellen Feingold, Chair of the National Policy Advisory Panel Welcome from United Way Worldwide <ul style="list-style-type: none"> Stacey Stewart, Executive Vice President, Community Impact, United Way Worldwide Introductions and Overview of the Day <ul style="list-style-type: none"> Connie Tempel, Chief Operating Officer, Corporation for Supportive Housing 	9:30 am
The Rise in Homelessness and Unique Needs of Older Adults and Elders <ul style="list-style-type: none"> Mark Hinderlie, President and CEO, Hearth, Inc. Connie Tempel, Chief Operating Officer, Corporation for Supportive Housing Dr. Rebecca Brown, Research Fellow in Geriatric Medicine, University of California, San Francisco/San Francisco Veterans Affairs Medical Center 	10:00 am
Permanent Supportive Housing for Older Adults and Elders who are Experiencing Homelessness: What is it and Where Does it Fit? (Fishbowl) <ul style="list-style-type: none"> Facilitator: <ul style="list-style-type: none"> Stephanie Hartshorn, Senior Program Manager, Corporation for Supportive Housing Fishbowl Participants: <ul style="list-style-type: none"> David Gillcrist, Executive Director, Project FIND Angela Heise, Chief Development Officer, Henry County Housing Authority Rev. Laura Jarvis, Executive Director, West Side Federation for Senior and Supportive Housing Mollie Lowery, Program Director--Home First, Housing Works Sue Stockard, former Executive Director, Maloney Properties 	10:30 am
Break	11:30 am



Appendix B

National Leadership Initiative to End Elder Homelessness: Strengthening Collaboration and Developing Solutions

Agenda

Promising Practices in Funding Supportive Services in Permanent Housing for Homeless Older Adults and Elders (Panel) <ul style="list-style-type: none"> • Moderator: <ul style="list-style-type: none"> ○ Ellen Feingold, Chair of the National Policy Advisory Panel • Panelists: <ul style="list-style-type: none"> ○ Mark Hinderlie, President and CEO, Hearth, Inc. ○ Beth Lewis, Program Director--Outreach Coordination Center, Project H.O.M.E. ○ Dr. Jim O'Connell, President, Boston Healthcare for the Homeless Program ○ Tom Slemmer, President and CEO, National Church Residences 	11:45 am
Lunch <ul style="list-style-type: none"> • Keynote Addresses: <ul style="list-style-type: none"> ○ Jennifer Ho, Deputy Director, Accountability Management, USICH ○ Mark Johnston, Deputy Assistant Secretary for Special Needs, HUD 	12:30 pm
Ending Homelessness Among Older Adults and Elders: Current Policy Environment and Recommendations (Discussion)	1:30 pm
Break	3:00 pm
Creative Collaborations: Working Across Sectors (Fishbowl) <ul style="list-style-type: none"> • Facilitator: <ul style="list-style-type: none"> ○ Peggy Bailey, Senior Policy Advisor, Corporation for Supportive Housing • Fishbowl Participants: <ul style="list-style-type: none"> ○ Barbara DiPietro, Policy Director, National Health Care for the Homeless Council ○ Gail Dorfman, Hennepin County Commissioner, Hennepin County ○ Jane Graf, Chief Operating Officer, Mercy Housing Corporation ○ Jeff Liebman, Malcolm Wiener Professor of Public Policy, John F. Kennedy School of Government ○ Steve Renahan, Senior Policy Advisor, Shelter Partnership ○ Cynthia Zubritsky, Director, Integrated Behavioral Health Care 	3:15 pm
Wrap-up and Next Steps	4:15 pm
Convening Ends	4:30 pm

Appendix C

Highlights from the National Convening on Ending Elder Homelessness

With the theme “National Leadership Initiative to End Elder Homelessness: Strengthening Collaboration and Developing Solutions,” the Convening provided a forum for participants to discuss the housing needs of older adults and elders who are experiencing homelessness and to identify innovative cross-sector strategies for meeting those needs. This Appendix contains brief highlights from each of the major sections of the Convening agenda.

The Rise in Homelessness and Unique Needs of Older Adults and Elders

In this overview, recent trends with regard to the aging of the population of the United States as a whole and the corresponding aging of older adults experiencing homelessness were shared in order to set the stage for the day’s conversation. Convening participants learned that older adult homelessness can be caused by a variety of issues, including job loss, family estrangement, and mental and physical health issues. They also heard how permanent supportive housing can be an effective intervention for this population. Participants learned that the rate of health problems in persons experiencing homelessness who are over age 50 is similar to persons in the general population who are over age 65. This kind of premature aging is similar to that seen in other vulnerable populations such as persons in prison, persons with developmental disabilities and persons living with HIV/AIDS.

Permanent Supportive Housing for Older Adults and Elders who are Experiencing Homelessness: What is it and Where Does it Fit?

In this fishbowl-style conversation, Convening participants heard from five experts on the topic before providing their own thoughts on the key questions posed to the group. The experts talked about the importance of having flexible services and staff who can meet the changing needs of residents. They discussed the concept of accessibility and how it goes beyond the need for physical accessibility to encompass a need for space that is emotionally accessible and allows residents to feel empowered and valued. Supportive housing can help older adults and elders to avoid institutionalization while still getting the support they need. It is important to combat isolation that can often occur with this population with concerted efforts to connect residents to the community and to build strong organizational community partnerships. Participants in the larger group pointed out that peer support can play a key role in serving the needs of this population and that more work needs to be done to determine the best housing option for the range of ages and needs that are contained within the homeless older adult and elder group.

Promising Practices in Funding Supportive Services in Permanent Housing for Homeless Older Adults and Elders

During this panel discussion, Convening participants heard compelling stories of formerly homeless older adults and elders whose needs were being met in their homes rather than in an institutional setting. Such

services can be funded by blending funding streams that range from Federally Qualified Health Centers or Medicaid to local HUD Continuum of Care dollars to philanthropy. Several panelists discussed how housing and healthcare intersect for this population particularly with the coming implementation of the Affordable Care Act. The session closed with a comment from Dr. Jim O'Connell, President, Boston Healthcare for the Homeless Program, that "to keep people home will keep them healthy if we give them the right support."

Ending Homelessness among Older Adults and Elders: Current Policy Environment and Recommendations

This session included a robust discussion of the policy recommendations included in the first version of this paper. Participants discussed the recommendations in small groups and worked both to develop new recommendations and to suggest modifications to the existing ones. The small groups were also asked to identify which recommendations were feasible in the short-term and those that were longer term propositions. The recommendations that begin on page 10 of this paper have been revised to reflect many of the suggestions made during these discussions.

Creative Collaborations: Working Across Sectors

In this fishbowl-style conversation, six experts shared their experiences with regard to collaborations that addressed needs of older adults and elders experiencing homelessness. The Convening participants heard about collaboration in Minnesota that involved the business community, the faith community and government working together to move persons off the streets. They also heard about an innovative strategic plan in Los Angeles that has resulted in a significant pipeline of permanent supportive housing development. In Pennsylvania, the academic community, the office of mental health, and the department of aging work together on addressing the needs of this population. In describing how to overcome barriers to this type of collaboration, several experts emphasized the role that having good data can play.

Overall Themes

Throughout the day participants raised a number of provocative points, not all of which are captured in these highlights. Although participants did not agree on all points, the following themes appeared to emerge from a number of different comments and sessions:

- Permanent supportive housing, with flexible services tailored to the changing needs of this population, can be a cost effective solution particularly with regard to the avoidance of unnecessary institutional care.
- To be successful, permanent supportive housing developments targeted to this population must blend existing funding streams and build strong community partnerships with existing services.
- Prevention of homelessness, particularly among older adults, is extremely important. There is an opportunity to prevent such persons from experiencing homelessness as elders.
- Knowledge exchange and practical user guides could help break down silos that exist between agencies and organizations that focus on homelessness and those that focus on older adults.

- Persons who are chronologically age 50-64 have many clinical similarities to persons who are age 65 and older.
- The Affordable Care Act provides a significant opportunity to look more closely at the intersection between healthcare and housing and in particular at the use of Medicaid to fund services in permanent supportive housing.



Appendix D

National Leadership Initiative to End Elder Homelessness: Strengthening Collaboration and Developing Solutions List of Convening Attendees

Last Name	First Name	Title	Organization
Arteaga	Elizabeth	Associate Director at Orange County	HUD
Bailey	Peggy	Senior Policy Advisor	Corporation for Supportive Housing
Barker	Maria	Senior Asset Manager	Fannie Mae
Brock	Justin	Special Assistant for Veterans Initiatives	HUD, Office of the Deputy Assistant Secretary for Special Needs
Brown	Rebecca	Research Fellow in Geriatric Medicine	University of California, San Francisco/San Francisco Veterans Affairs Medical Center
Caraviello	Rachel	Vice President of Programs & Services	Affordable Living for the Aging
Case	Greg	Aging Services Program Specialist	Administration on Aging, HHS
DiPietro	Barbara	Policy Director	National Health Care for the Homeless Council
Dorfman	Gail	Hennepin County Commissioner	Hennepin County
Edgington	Sabrina	Program and Policy Specialist	National Health Care for the Homeless Council
Feingold	Ellen	Founder & Treasurer	Hearth, Inc.
Fumich	Jane	Director	Cleveland Department on Aging
Garmey	Annie	Director of Institutional Advancement	Hearth, Inc.
Gillcrist	David	Executive Director	Project FIND (NYC)
Gillett	Ruth	Manager	Office of Homeless Services
Graf	Jane	Chief Operating Officer	Mercy Housing Corporation
Green	Don	Special Assistant for Veterans Programs	HUD, Office of the Deputy Assistant Secretary for Special Needs
Harrell	Rodney	Senior Strategic Policy Advisor for Housing	AARP
Hartman	Chester	Founder and Director of Research	Poverty & Race Research Action Council
Hartshorn	Stephanie	Senior Program Manager	Corporation for Supportive Housing
Heise	Angie	Chief Development Officer	Henry County Housing Authority
Henke	Sarah	Policy Associate	National AIDS Housing Coalition
Hinderlie	Mark	President & CEO	Hearth, Inc.
Ho	Jennifer	Deputy Director, Accountability Management	USICH



Appendix D

National Leadership Initiative to End Elder Homelessness: Strengthening Collaboration and Developing Solutions List of Convening Attendees

Last Name	First Name	Title	Organization
Jawaid	Sarah	Policy Associate	NHC and the Center for Housing Policy
Jervis	Rev. Laura	Executive Director	West Side Federation for Senior and Supportive Housing
Johnston	Mark	Deputy Assistant Secretary for Special Needs	HUD
Kennedy	Gavin	Director, Division of Long Term Care Policy	HHS/ASPE
Lawrence	Janelle	Director, Income Strategy Engagement community Impact Leadership and Learning	United Way Worldwide
Lewis	Beth	Program Director, Outreach Coordination Center	Project H.O.M.E
Libson	Nancy	Director of Housing Policy	LeadingAge
Liebman	Jeffrey	Malcolm Wiener Professor of Public Policy	John F. Kennedy School of Government
Lowery	Mollie	Program Director - Home First	Housing Works
Marcus	Michael	Program Director, Older Adults	Harry & Jeannette Weinberg Foundation
Miller	David	Project Director	National Association of State Mental Health Program Directors
Miskey	Anne	Executive Director	Funders Together to End Homelessness
Moore	Bridgett	Special Needs Assistance Specialist	U.S. Dept. of Housing and Development
Nurmi	Tom	Trustee	The William S. Abell Foundation
O'Connell, MD	James (Jim)	President	Boston Health Care for the Homeless Program
Pfaff	Robert	Homeless Outreach and Research Coordinator in the Office of Program Development and Research	Social Security Administration
Poutasse	Doug	Executive Vice President and Head of Strategy and Research	Bentall Kennedy
Renahan	Steve	Senior Policy Advisor	Shelter Partnership, Los Angeles



Appendix D

National Leadership Initiative to End Elder Homelessness: Strengthening Collaboration and Developing Solutions List of Convening Attendees

Last Name	First Name	Title	Organization
Robinson	Josephine	Vice President, Income Community Impact Leadership and Learning	United Way Worldwide
Roman	Nan	President and CEO	National Alliance to End Homelessness
Rosenoff	Emily		HHS/ASPE
Sanders	Alisha	Senior Policy Research Associate	LeadingAge Center for Applied Research
Shattuck	Jeanie	Legislative and Policy Analyst	Enterprise Community Partners
Slemmer	Tom	President and CEO	National Church Residences
Stand	Lisa	Senior Policy Analyst	National Alliance to End Homelessness
Staub	Leah	Research & Policy Analyst	Council of Large Public Housing Authorities
Stewart	Stacey	Executive Vice President, Community Impact	United Way Worldwide
Stockard	Jim	Curator	Harvard Loeb Fellows Program
Stockard	Sue	Former Executive Director	Maloney Properties
Tempel	Connie	Chief Operating Officer	Corporation for Supportive Housing
Thomas	Lori	John A. Hartford Geriatric Social Work Faculty Scholar	University of North Carolina, Charlotte
Toll	Martha	Executive Director	Butler Family Fund
Venkatesh	Mohini	Senior Director, Public Policy	National Council for Community Behavioral Healthcare
Zubritsky, PhD.	Cynthia	Director	Integrated Behavioral Healthcare

Appendices E-L

Profiles of Permanent Supportive Housing Projects Serving Older Adults and Elders Experiencing Homelessness

In highlighting key elements of successful housing and service strategies for older adults and elders who are experiencing homelessness as well as in the development of policy recommendations, it has been helpful to examine existing housing developments that serve this population. Included as Appendices E-L to this report are project profiles that illustrate various aspects of PSH development for this population.

- **Appendix E: Integrated Housing for Older Adults Developed by a Public Housing Authority**
Parkside Apartments, Kewanee, Illinois
- **Appendix F: Integrated Housing for Elders Including those Experiencing Homelessness**
Potiker Family Senior Residence, San Diego, California
- **Appendix G: PSH for Homeless Elders Developed as Part of State Plan to End Homelessness**
Whalley Terrace, New Haven, Connecticut
- **Appendix H: PSH Development with Documented Medicaid Cost Savings**
Commons at Buckingham, Columbus, Ohio
- **Appendix I: PSH Development with Adult Day Health Center**
Mission Creek, San Francisco, California
- **Appendix J: PSH Development Blending HUD Section 202 and Low Income Housing Tax Credit Funding**
The Domenech, Brooklyn, New York
- **Appendix K: PSH Development with a Blended Funding Model**
Anna Bissonnette House, Boston, MA, Hearth, Inc.
- **Appendix L: Supportive Congregate Housing with 24/7 Services**
The Claremont, Bronx, NY, West Side Federation for Senior and Supportive Housing, Inc.

Parkside Apartments

Integrated Senior Housing in Kewanee, Illinois



Parkside Apartments

An integrated housing project, Parkside Apartments is a Senior Affordable Housing project that includes 10 units of permanent supportive housing for seniors who are homeless and disabled. This four-story building was built as a hotel 1916 and has been converted into 41 studio and one-bedroom apartments. It features common space, and individual units have private baths and kitchens. The building's grand lobby is listed on the National Register of Historic Places.

Owner: Parkside Apartments, LP

Developers: Henry County Housing Development Group, Inc.

Property Management: Housing Authority of Henry County

Service Provider: Housing Authority of Henry County

Tenant Profile: Seniors 55 or older at income levels of 60% AMI and below; 10 units reserved for homeless and disabled seniors

Service Approach: Case Manager is located on-site and provides services to tenants in the permanent supportive housing units

Key Features and Innovations

- Parkside Apartments is a great example of integrated housing, reserving a quarter of its units for seniors who are homeless and disabled.
- The 1916 building is listed on the National Register of Historic Places. Its grand lobby boasts marble floors, ornate trim and iron banisters.
- Parkside Apartments is located in downtown Kewanee--perfect for easy access to the local senior center and shopping.
- Parkside Apartments also houses the offices of the Housing Authority of Henry County.

Key to Success

- According to Kathleen Barton, CEO of the Housing Authority of Henry County, the key to the success of the integrated housing model is effective case management. The Case manager does intensive outreach to fill the units and works closely with tenants to assist them with maintaining their housing stability once they move into the building.

Financing Information

Capital Financing Sources

HOME	\$1,495,999
Trust Fund	\$ 750,000
Developers Fee Deferral	\$ 124,596
LITHC and Historic Tax Credit Equity	<u>\$4,744,889</u>
Total	\$7,115,484

Operating Financing Sources

Project Based Section 8	\$ 396,720
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Services Financing Sources

HUD SHP	\$ 164,115
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The Housing Authority of Henry County

Established in 1939, the Housing Authority of Henry County has grown into a program comprised of eight developments with the administration of an incremental housing choice voucher program. It has been rated as a high performer for the past four years both in public housing and Section 8 programs. www.henrycountyhousing.us

Henry County Housing Development Group, Inc.

Henry County Housing Development Group, Inc. is the nonprofit organization within the Housing Authority of Henry County. Formed in April 2003, it manages the Countryside Apartments in Geneseo, Illinois, a part of the USDA Rural Development Program, and also owns the Parkside Apartments.

The Corporation for Supportive Housing

For 20 years, CSH has been the leader in the national supportive housing movement. It is a catalyst for housing connected with services to prevent and end homelessness. CSH develops innovative program models, provides research-backed tools and training, offers development expertise, makes loans and grants, and collaborates on public policy and systems reform to make it easier to create and operate high-quality supportive housing. CSH's goal is to help communities create 150,000 units of supportive housing nationwide by 2012.



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Potiker Family Senior Residence

A new construction development of 200 studio units for seniors, with targeted outreach to homeless and at-risk seniors with mental health issues or dual diagnoses.

Sponsor and Owner:

Senior Community Centers of San Diego

Development Partner:

Chelsea Investment Corporation

Property Management:

Hyder and Company, Inc.

Tenant Profile:

Very-low income and extremely-low income senior citizens ages 62 and older, with focus on homeless and at-risk seniors with special needs.

Supportive Services Providers:

Senior Community Centers and partner organizations

Services Approach:

Services are voluntary, and include peer-led mental health clubhouse services.

Key Features and Innovations

- Senior Community Centers set aside a minimum of 25 units for homeless seniors with disabilities, but in fact house and serve many more such seniors.
- On-site services include recreation, social services, case management and referral, health care services, as well as two meal services a day.
- Recognizing that even part-time work makes a major difference of quality of life for seniors living on fixed incomes, services include supporting tenants' goals for employment.
- The partnership with Chelsea Investment Corporation is a model of a non-profit and for-profit partnership for development activities that can be replicated by other organizations. Under the partnership, Chelsea Investment provided turnkey development services according to plans and specifications that fit with Senior Community Centers' mission and vision for the project.

Additional Project Details

Status: Fully operational and occupied in fall 2003

Project Amenities: Include a community garden; rooftop patio; and a commercial kitchen that provides 1,500 meals each day for Potiker residents, for meal programs across the city, and for low-income seniors living in San Diego.

Rent Levels: Rent for units are affordable to households with incomes ranging from below 30% of Area Median Income to no greater than 40% of Area Median income.

Staffing: On-site Services Coordinator, live-in Resident Manager. Senior Community Centers partners with numerous service providers, such as Sharp Health Care and the REACH program to enhance service options for tenants.

Capital Financing Sources: 9% Low Income Housing Tax Credits, loans and grants from the Centre City Development Corporation and San Diego Housing Commission, a grant from the Federal Home Loan Bank, and a small permanent loan.

Services Funding: County Office of Aging and Independence Services, The California Endowment, and private fundraising.



About Senior Community Centers of San Diego (www.servingseniors.org)

Senior Community Centers of San Diego's mission is to provide quality and compassionate services for the survival, health and independence of seniors living in poverty. SCC has been providing nutrition, health advocacy, and social services to low-income seniors in San Diego for over 30 years. SCC is the only nonprofit organization that provides services to meet the basic needs (food, health and day center) of at-risk seniors living downtown. SCC provides services to adults who are 60 years of age and older and living on fixed incomes.

In 2007, Senior Community Centers opened its second supportive housing project, City Heights Square Senior Residence, a 150-unit supportive housing project featuring studio and one-bedroom units, targeted to homeless and at-risk seniors.



CSH and Senior Community Centers

CSH's San Diego Program has supported Senior Community Centers' supportive housing development activities in a variety of ways, including through the provision of technical and financial assistance. Financial assistance has included \$200,000 predevelopment loans to assist with the development of Potiker Family Senior Residence and of City Heights Square Senior Residence. In addition, CSH has provided SCC with \$77,000 in grants focused on strengthening their capacity to implement development activities, and CSH continues to provide technical assistance to Senior Community Centers on an as needed basis. In 2005, Senior Community Centers awarded CSH a Community Hero Award at SCC's annual Heroes Luncheon.

About CSH

The Corporation for Supportive Housing (CSH) is a national non-profit organization and Community Development Financial Institution that helps communities create permanent housing with services to prevent and end homelessness. Founded in 1991, CSH advances its mission by providing advocacy, expertise, leadership, and financial resources to make it easier to create and operate supportive housing. CSH seeks to help create an expanded supply of supportive housing for people, including single adults, families with children, and young adults, who have extremely low-incomes, who have disabling conditions, and/or face other significant challenges that place them at on-going risk of homelessness. For information regarding CSH's current office locations, please see www.csh.org/contactus.



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Whalley Terrace, New Haven, CT

Supportive Housing and Affordable Apartments for Elderly Persons



Whalley Terrace

Opened in March 2008, Whalley Terrace provides elderly women and men who were homeless with a safe, affordable home. This twenty-two unit building provides affordable 1-bedroom apartments with professional supportive services on site. Ten of the units are reserved for people who are homeless (or at risk of homelessness) and who are diagnosed with mental illness and/or substance use. Prevention and crisis intervention are key components of the programming.

Owner, Developer, and Property Manager: HOME, Inc.

Service Provider: Columbus House, Inc.

Tenant Profile: Formerly homeless (or at-risk of being homeless) elderly adults with behavioral health disorders, and low-income elderly adults needing affordable housing.

Service Approach: Services are available on-site at the request of the resident, with a focus on maintaining housing stability.

Key Features and Innovations

- Features 22 spacious 1-bedroom units that are fully furnished. Each unit has its own kitchen and bath, and 10 of the units are fully handicapped accessible.
- All of the residents sign annual lease agreements with the owner, HOME, Inc., and pay approximately 30% of their income to rent.
- Staff provides ongoing services and supports such as economic empowerment, self-sufficiency, health and wellness supports.
- Supportive services staff are available on site Monday-Friday from 8:00 am to 6:00 pm, with on-call coverage available 24 hours a day.
- Whalley Terrace is located on a bus line and within walking distance to small stores and restaurants.

Financing Information

Capital Financing Sources

Connecticut Housing Finance Authority	\$3,000,000
Low Income Housing Tax Credits (LIHTC)	\$2,461,923
Other Sources (State Housing Tax Credits, Noble Trust Grant)	\$ 428,194
TOTAL	\$5,890,117

Operating Financing Sources

LIHTC (Operating Reserve; Working Capital Reserve)	\$1,009,077
Connecticut Department of Social Services Rental Assistance Program	\$ 198,000 per year

Services Financing Sources

Connecticut Department of Mental Health and Addiction Services	\$ 104,500 per year
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About HOME, Inc.

Housing Operations Management Enterprises, Inc. (HOME, Inc.) was founded in 1988 for the purpose of developing, preserving and managing affordable housing in the Greater New Haven region. Guided by a philosophy that its role is to “create opportunities for human development among residents and their communities”, HOME, Inc. has participated in the development and management of permanent supportive housing in Connecticut since the Demonstration Program—as developer, owner and manager for Cedar Hill Apartments—and to its present role as developer, owner and manager of Whalley Terrace.

About Columbus House, Inc.

Columbus House, Inc. was founded in 1982 as an emergency shelter for homeless adults. Over the past 20 years, the agency has grown and expanded its services to include transitional and permanent supportive housing, in addition to intensive case management and outreach services for more than 1,500 clients. Columbus House actively seeks to better understand and effectively address the complex factors that create homelessness. Along with food and shelter, Columbus House staff provide comprehensive assessments, case management services, and other programs and services designed to address the root causes and consequences of homelessness.

CSH and the Supportive Housing Pilots Initiative

CSH and the Connecticut Department of Mental Health and Addiction Services (DMHAS) have spearheaded a multi-phase supportive housing production initiative known as the Supportive Housing Pilots Initiative. CSH was instrumental locally in bringing together additional partners, including the state departments of Social Services, Economic and Community Development, and the Connecticut Housing Finance Authority (CHFA), to commit to financing up to 650 new units of supportive housing. Whalley Terrace is another successful model that contributes to the Reaching Home Campaign goal of creating 10,000 new units of supportive housing in the State of Connecticut.

About CSH

The Corporation for Supportive Housing (CSH) is a national non-profit organization and Community Development Financial Institution that helps communities create permanent housing with services to prevent and end homelessness. Founded in 1991, CSH advances its mission by providing advocacy, expertise, leadership, and financial resources to make it easier to create and operate supportive housing. CSH seeks to help create an expanded supply of supportive housing for people, including single adults, families with children, and young adults, who have extremely low-incomes, who have disabling conditions, and/or face other significant challenges that place them at on-going risk of homelessness. For information regarding CSH's current office locations, please see www.csh.org/contactus.



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Commons at Buckingham, Columbus, OH

Permanent Supportive Housing for Homeless Persons



Commons at Buckingham

An integrated new construction development of 100 units with 25 units for single low-income persons and 75 units for persons who have been homeless including those who have been chronically homeless

Developer and Owner:

National Church Residences

Property Management:

National Church Residences

Tenant Profile:

Low-income persons and extremely low-income persons with disabling conditions including former residents of skilled nursing care facilities and group homes, including older adults

Supportive Services Provider:

National Church Residences

Services Approach:

In-depth services are available to all residents. An on-site case worker meets with tenants and then assesses the types of services and resources needed to assist the tenants.

Key Features and Innovations

- Documented annual cost savings of \$824,900 through housing four residents from skilled nursing care and 14 residents from group homes
- Job training, job search assistance, career placement assistance, and social and recreational activities available on-site
- An on-site Registered Nurse provides wellness services and specific home health care needs as required and a Medical Director participates in a monthly interdisciplinary team to assess and care plan for resident health needs.
- The Commons at Buckingham is certified as the first Platinum-rated affordable housing project in Ohio and the Midwest by the Leadership in Energy & Environmental Design (LEED).
- Includes a community room, computer resource room, 24-hour staffed entry, meeting room for resident services, and interior and exterior security cameras

Financing Information

Capital Financing Sources

JP Morgan Capital Corporation, LIHTC Equity	\$ 6,935,482
City of Columbus HOME Funds	\$ 1,100,000
Franklin County HOME Funds	\$ 500,000
Soft Debt	\$ 2,338,342
Other	\$ 81,521
Total	\$ 10,955,345

Operating Financing Sources

Project Based Section 8, HAP Subsidy	\$ 552,860
Tenant Rent	\$ 110,740

Services Financing Sources

Medicaid/Medicare/County Levy/Private Insurance	\$ 171,000
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Mission Creek Senior Community, San Francisco, CA

Permanent Supportive Housing for Elders¹



Mission Creek Senior Community

An integrated seven-story development of 139 units of senior housing with 51 set aside as permanent supportive for chronically homeless older adults, includes an adult day health center

Developer and Owner:

Mercy Housing

Property Management:

Mercy Services Corporation

Tenant Profile:

Very-low income elders aged 62 and up, with 51 units for homeless, frail and disabled elders

Supportive Services Providers:

Mercy Services Corporation, Adult Day Health Center on site by North and South of Market Adult Day Health

Services Approach:

Services are flexible and tenant-driven. Service participation is voluntary, but is encouraged by staff through a variety of approaches.

Key Features and Innovations

- The building includes a branch of the San Francisco Public Library, an adult day health center, a real estate office, a café, a community room, dining room and computer lab.
- Mission Creek Senior Community won the PCBC and Builder magazine 2007 Gold Nugget Grand Award for best mixed use project and is an Affordable Housing Finance magazine Reader's Choice Award\Urban Finalist.
- Rents are subsidized through project-based Section 8 Vouchers from the San Francisco Housing Authority and the San Francisco Department of Public Health's Direct Access to Housing Program.
- The Adult Day Health Center is funded by Medi-Cal and the City of San Francisco for persons at risk of institutional placement. It provides skilled nursing, occupational and physical therapy, and a meals program.

Financing Information

Capital Financing Sources: San Francisco Redevelopment Agency, California Department of Housing and Urban Development, National Equity Fund--LIHTC Equity, Citibank-- Permanent Mortgage, Federal Home Loan Bank of San Francisco—Affordable Housing Program

Operating Financing Sources: The San Francisco Housing Authority subsidizes 88 units with Project-based Section 8 Vouchers. The rent for the 51 units serving homeless, frail, and disabled seniors is paid by the San Francisco Department of Public Health (DPH) under the Direct Access to Housing Program (DAH).

Services Financing Sources: One Resident Services Coordinator funded by property operations and the other by a contract with the San Francisco Department of Public Health. Onsite Adult Day Health Center funded by Medi-Cal enhanced with City revenue.

¹ Information for this profile taken from the Mission Creek Senior Community Profile in the Homeless Older Adults Strategic Plan, Shelter Partnership, Inc., March 2008 <http://www.shelterpartnership.org/Common/Documents/studies/HOAPlanCompiled.pdf>

The Domenech, Brooklyn, NY

Permanent Supportive Housing for Seniors



The Domenech

A new construction development of 72 one-bedroom and studio units for homeless and lower income seniors, including a library/lounge, and a large garden in the back

Developer and Owner:
Common Ground

Property Management:
Common Ground

Tenant Profile:
Low-income homeless and chronically homeless seniors with special needs and low-income seniors ages 62 and older

Supportive Services Providers:
Common Ground

Services Approach:
On-site support services designed to assist residents in maintaining their health and independence

Key Features and Innovations

- Common Ground's first residence for homeless and lower income seniors
- Combines HUD's Supportive Housing for the Elderly Program (Section 202) with 9% Low Income Housing Tax Credits
- Sustainable features such as a green roof, water-saving plumbing, and locally made concrete planking have the project on track for LEED Silver certification.
- Tenants pay no more than 30% of their income in rent through subsidies from the US Department of Housing and Urban Development's Section 202 Program.
- Tenants have access to on-site medical education and to home health care via an agreement with the Visiting Nurse Service of New York.

Financing Information

Capital Financing Sources

HUD Section 202	\$ 8,673,600
HUD Section 202 PreDevelopment Grant	\$ 323,500
New York State Homeless Housing Assistance Corporation	\$ 1,803,600
Richman Housing Resources, LIHTC Equity	\$10,828,883
Federal Home Loan Bank of New York	\$ 1,080,000
Brooklyn Borough President	\$ 750,000
NY State Energy Research and Development Authority	\$ 126,000
Total	\$23,585,583

Operating Financing Sources

HUD project rental assistance contract (PRAC) for all units to cover the balance between 30% of tenant income and rental amount.

Services Financing Sources

New York/New York III Agreement	\$ 327,264 annually
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About Common Ground (www.commonground.org)

Common Ground's network of well designed, affordable apartments — linked to the services people need to maintain their housing, restore their health, and regain their economic independence — has enabled more than 4,000 individuals to overcome homelessness. Common Ground builds and operates a range of housing options for homeless and low-income individuals – housing that is attractive, affordable, well managed, and linked to the services and support people need to rebuild their lives.

All of Common Ground's buildings are supportive housing residences with on-site social services designed to help tenants maintain their housing, address health issues, and pursue education and employment. In addition, Tenant Services staff offers programs and activities, including financial literacy workshops, community health fairs, and workshops on art and cooking, to enhance a sense of community.

In 2011, Common Ground will open its 2,935th unit of permanent and transitional housing in New York City, Connecticut, and upstate New York.

About CSH

The Corporation for Supportive Housing (CSH) is a national non-profit organization and Community Development Financial Institution that helps communities create permanent housing with services to prevent and end homelessness. Founded in 1991, CSH advances its mission by providing advocacy, expertise, leadership, and financial resources to make it easier to create and operate supportive housing. CSH seeks to help create an expanded supply of supportive housing for people, including single adults, families with children, and young adults, who have extremely low-incomes, who have disabling conditions, and/or face other significant challenges that place them at on-going risk of homelessness. For information regarding CSH's current office locations, please see www.csh.org/contactus.



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Anna Bissonnette House, Boston, MA

Permanent Supportive Housing for Older Adults¹



Anna Bissonnette House

A four-story renovated development of 40 units of permanent supportive housing for formerly homeless older adults, close to public transportation and retail establishments

Developer and Owner:
Hearth, Inc.

Property Management:
Hearth, Inc.

Tenant Profile:
The average Hearth resident is 62 years old, has a complex medical history involving multiple chronic illnesses, and may have corresponding mental and physical challenges.

Supportive Services Provider:
Hearth, Inc.

Services Approach:
Hearth provides wrap-around supportive services that assist residents to age with dignity regardless of their special medical, mental health, or social needs.

Key Features and Innovations

- The building includes a large community room in the lobby, common-area kitchens, community spaces on each floor, a street-side patio and a roof garden.
- At least 90% of Hearth's tenants are "dually-eligible" for both Medicare and Medicaid.
- Hearth participates in Senior Care Options (SCO) which combines health-care services with social support services with the goal of keeping older adults as independent as possible. The program gives elders the option to remain at home with needed care and support rather than going to a hospital or nursing home.
- Hearth's asset management strategy is based on the belief that residents are their most important assets. This philosophy has resulted in virtually no problems with rent collection and low levels of vacancy.

Financing Information

Capital Financing Sources: Low Income Housing Tax Credits (LIHTC), Boston Linkage fee, AFL-CIO Housing Investment Trust

Operating Financing Sources: Boston Housing Authority—Project Based Housing Choice Vouchers

Services Financing Sources: Massachusetts Senior Care Options (SCO), MassHealth, Massachusetts Department of Mental Health, Massachusetts Aging Service Access Points

¹ Information for this profile taken from the Mission Creek Senior Community Profile in the Homeless Older Adults Strategic Plan, Shelter Partnership, Inc., March 2008 <http://www.shelterpartnership.org/Common/Documents/studies/HOAPlanCompiled.pdf>

The Claremont, Bronx, NY

Supportive Congregate Housing for Older Adults



The Claremont

A development of 95 units of supportive congregate housing for single adults who live with functional impairments and 19 units of affordable housing for families.

Developer and Owner:

West Side Federation for Senior and Supportive Housing, Inc. (WSFSSH)

Property Management:

West Side Federation for Senior and Supportive Housing, Inc.

Tenant Profile:

The Claremont is targeting single adults age 60 and older who live with functional impairments that may include serious and persistent mental illness, physical frailty, cognitive impairments, or some combination of these.

Supportive Services Provider:

West Side Federation for Senior and Supportive Housing, Inc.

Services Approach:

WSFSSH provides 24/7 comprehensive services, grounded in resident choice, to support each person's ability to live fully, safely, independently and with dignity in the community.

Key Features and Innovations

- Residents have access to three nutritious meals and two snacks each day, with at least two choices for each meal as well as a resident-accessible kitchen
- Each studio unit is furnished and has its own full bathroom and kitchenette.
- On an as needed basis residents can receive assistance with housekeeping, personal care, laundry, mobility, medication management, and money management. Residents also receive case management and can access medical, psychiatric, and substance abuse services.
- The Claremont is located in the Mount Eden section of the Bronx, approximately 10 blocks northeast of Yankee Stadium. It is within easy walking distance of a park, public transportation, and a large selection of stores.

Financing Information

Capital Financing Sources

New York City Dept of Housing Preservation and Development	\$ 16,100,000
New York State Homeless Housing and Assistance Corporation	\$ 4,400,000
Richman Housing Resources, LIHTC Equity	\$ 7,600,000
New York State Energy Research and Development Authority	\$ <u>163,000</u>
Total	\$ 28,263,000

Operating Financing Sources

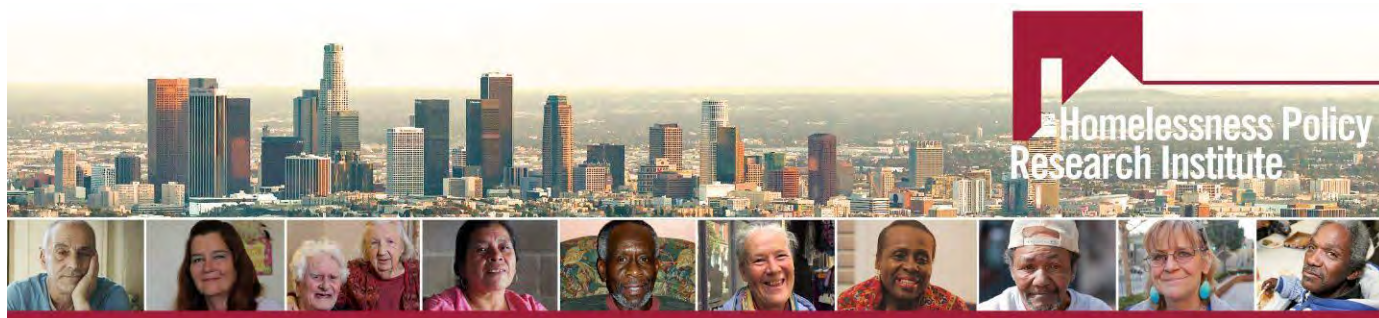
Supplemental Security Income (SSI) Level 3 (after personal needs allowance deducted), New York/New York III Agreement

Services Financing Sources

New York/New York III Agreement, Service fee from room and board cash flow

EXHIBIT E

Homeless Service Outcomes and Reasons for Re-entry



HOMELESS SERVICE OUTCOMES AND REASONS FOR RE-ENTRY

Background

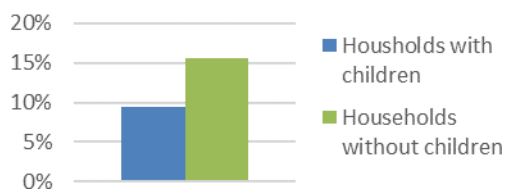
In addressing the issue of homelessness, much attention is given to the rate at which individuals are placed into housing. Less consideration has been given to tracking the long-term outcomes of those who exit homelessness and the rates of re-entry into the homeless system. According to the Los Angeles Homeless Services Authority, 16,519 people were placed into housing in 2017. However, there is a shortage of research that examines the outcomes of individuals as they engage with the different homeless interventions and the ability of these interventions to help individuals avoid returning to homelessness.

Homeless Intervention Outcomes

A majority of homeless service programs fall within three main intervention categories: rapid re-housing (RRH), transitional housing (TH), and permanent supportive housing (PSH).

Rapid Re-Housing

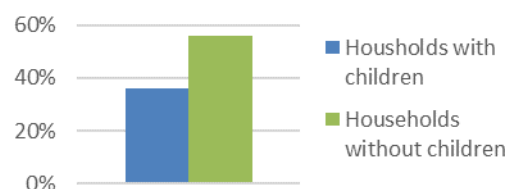
Percent of RRH households returning to emergency shelter within 2 years



Source: Byrne et al., 2015

Transitional Housing

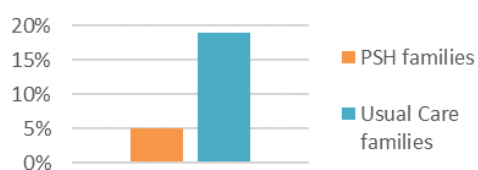
Percent of TH households re-entering homelessness after exiting services



Source: Wilder Research Foundation, 2015

Permanent Supportive Housing

Percent of PSH and Usual Care families returning to homelessness within 2 years



Source: Family Options Study, 2015

Research shows that those who experienced new episodes of homelessness after exiting PSH spent an average of 7.6 fewer months in the PSH program than those who remained stably housed after exit.

Key Takeaways:

- Research suggests rapid re-housing and permanent supportive housing are more likely than other interventions to reduce the rate at which individuals return to homelessness after previously exiting.
- Existing data shows that Black homeless individuals are at higher risk of returning to homelessness than most other racial/ethnic groups.
- Reasons for returns to homelessness can include:
 - a lack of social support to navigate the process of receiving services,
 - exiting homelessness into tenuous circumstances rather than stable housing, and
 - age of the head of household, which research shows can determine the ability of securing housing options other than emergency shelter.



Literature Review

Background and Research Motivation

Research has signaled that homelessness is dynamic in nature and that most homeless people have experienced multiple episodes of homelessness (Anucha, 2005). This trend of homeless recurrence indicates that the issue for many homeless individuals extends beyond simply being placed into housing and exiting homelessness. Housing placement rates are frequently looked to as an indicator of performance for combating homelessness. However, little is understood about the long-term outcomes of homeless service programs aimed at helping people achieve housing stability (Brown et al., 2017). As efforts to address homelessness continue to gain momentum across the country, it is important to investigate what strategies are working, to what degree, and for whom. This memo reviews existing literature that explores the outcomes of individuals receiving services through the homeless system and provides context as to why people may re-enter the system.

Homeless Services Outcomes

Understanding the outcomes of individuals who receive services through the homeless system can lend insight to why people may return to homelessness after previously exiting into housing. A majority of homeless service programs fall within three main intervention categories: rapid re-housing, transitional housing, and permanent supportive housing. When evaluating homeless intervention programs such as these, most researchers prioritize outcomes related to housing stability. In studying these outcomes, the focus tends to center on returns to homelessness – which is often quantified by returns to emergency shelters (Rodriguez and Eidelman, 2017).

Rapid Re-Housing

According to the US Interagency Council on Homelessness, rapid re-housing (RRH) is an intervention designed to help individuals and families that do not need intensive and ongoing supports in order to quickly exit homelessness and return to permanent housing. Services provided through RRH programs are uniquely tailored to the needs of the household and typically last an average of 6 months or less. Following the Housing First Model, RRH assistance is not contingent on preconditions such as employment, sobriety, or absence of criminal record.

The Family Options Study was designed to give a measure of the relative impacts of various housing and services interventions for families. Researchers recruited families from emergency shelters in 12 participating study sites and randomly assigned them to one of four intervention types: housing subsidies (typically a housing voucher), usual care (UC), community-based rapid re-housing, or project-based transitional housing (Gubits et al., 2015). By creating an experimental design and sampling families from 12 sites across the United States, the Family Options Study is considered the most rigorous evaluation of homeless interventions to date. The study found that among who were assigned to RRH services, 19.9% returned to an emergency shelter 7 to 18 months after enrolling in services. Findings from this study regarding RRH outcomes show less significant variations in returns to homelessness than do most other local and national evaluations of RRH programs.



During the first year of RRH implementation in the state of Georgia, researchers found that 7.2% of RRH clients who transitioned out of homelessness returned to emergency shelter within two years (Rodriguez, 2013). In addition to studying RRH outcomes for veteran families, Byrne et al. (2015) conducted separate analyses for veteran households with children and those without children – the only RRH analysis to do so. The results showed that among veteran families, 9.4% of households with children and 15.5% of households without children who exited RRH returned to emergency shelter within two years.

Local and national evaluations of the federal Homelessness Prevention and Rapid Re-Housing Program (HPRP) have also examined long-term outcomes for those receiving homeless services. As part of the HPRP demonstration study, HUD awards funds to 23 urban communities for the purpose of implementing and evaluating RRH programs. Evaluations of these HPRP programs showed that 6% of families who exited RRH returned to either emergency shelter or transitional housing within a year (Spellman et al., 2014).

Transitional Housing

HUD defines transitional housing (TH) as providing temporary housing (capped at 24 months) paired with generalized supportive services, and requiring lease agreements to be in place during the stay. In evaluating TH services, the Family Options Study determined that 18.5% of TH families returned to emergency shelter 7 to 18 months after enrolling in receiving services. The study goes further by comparing both TH and RRH families with UC families who are defined as accessing services in the absence of referral to other interventions. These comparisons found that TH families had consistently better outcomes than the UC group, and RRH families did not (Gubits et al., 2015). However, as Rodriguez and Eidelman (2017) point out, these outcomes were recorded less than two years after enrollment in services. So it is possible that many TH families had not yet exited their programs – potentially producing conservative estimates of family homelessness at the time of follow-up.

Quantitative evaluations of TH outcomes are scarce and are often specific to households with children (Rodriguez and Eidelman, 2017). Burt (2010) analyzed 36 TH programs across the United States and found that between 2.1% and 10.3% of families returned to homelessness within 12 months of exiting the program. An evaluation of a family TH program in Atlanta, Georgia found that 43% of former residents had their own unsubsidized apartment, and another 36% of former residents possessed a housing voucher at the time of follow up (Fischer, 2000). One of the few studies examining TH outcomes for both individual and family participants, conducted by the Wilder Research Foundation (2015), found that 45% of those who exited TH had experienced homelessness at least once since exiting. Additionally, the study found that substantially more individuals (56%) than family participants (36%) experienced a return to homelessness. For those in transitional housing, long-term analysis indicates that exiting to subsidized housing predicted greater housing stability outcomes (Wilder Research, 2015).

Permanent Supportive Housing

Permanent supportive housing (PSH), unlike most other interventions, is a non-time-limited model that combines housing, health care, and supportive services (Wilder Research, 2015). The existing range of studies demonstrate that the permanent supportive housing (PSH) model has been successful in reducing homelessness, increasing housing tenure, and decreasing emergency room visits and hospitalization (Rog, 2014). Those who experience new episodes of homelessness after exiting PSH have been shown to spend on average 7.6 fewer months in the program as compared with those who remained stably housed after exit (Wilder Research, 2015).



Analysis of the PSH model have shown that it is an effective intervention in helping families avoid returns to homelessness. The nationwide Family Options Study found that only 5% of families who received permanent housing reported a return to emergency shelter 21 to 32 months after receiving services – this compared with 19% of usual care families who returned to emergency shelter over the same period. Additionally, the study’s 20-month impact analysis determined that PSH had beneficial impacts that extended beyond housing stability to other domains such as family preservation, adult well-being, child well-being, and self-sufficiency (Gubits et al., 2015). Lenz-Rashid (2017) tracked outcomes for at-risk youth who lived with their parents in a Sacramento PSH program and found that only 10% of youth re-entered the foster care system after exiting PSH services. For those who did re-enter the foster care system after engaging with the PSH program, the study showed their stays were much shorter than youth who re-entered without previously receiving PSH.

Literature suggests that PSH is also an effective intervention among adult homeless individuals. An analysis of both permanently housed and non-permanently housed HPRP participants in Indianapolis, Indiana found that 9.5% of those permanently housed returned to services 4.5 year after exiting, as compared with 16.9% of non-permanently housed individuals re-entering homelessness (Brown et al., 2017). Pearson and Montgomery (2009) analyzed the outcomes of single, homeless adults with serious mental illness and substance-related disorders who resided in PSH. Data from the 12-month follow-up point showed that 84% of participants remained housed through the PSH program or some other form of housing. Research examining the efficacy of PSH and its ability to support aging in place shows substantial declines in days spent homeless and an increase in days lived independently among participants. However, engagement with the homeless system declined less for older adults (aged 50+) than younger adults (aged 35-49) (Henwood, Katz, & Gilmer, 2014).

Reasons for Returns to Homelessness

Research suggests that while there is an absence of theoretical models that explain returns to homelessness, theoretical frameworks that explore initial vulnerability to homelessness can offer useful perspective because factors associated with the first episode of homelessness might also be associated with subsequent instances of homelessness. Discussions regarding such theoretical explanations fall into two large groups – those who explain homelessness based on individual vs. structural deficits and those that explain homelessness based on problematic relational issues, such as disaffiliation or social exclusion (Anucha, 2005).

Similarly, relationships have been shown to have a significant impact on exits from and returns to homelessness. Strong social capital has been found to be key in facilitating successful exits from homelessness and maintaining stability. Evidence suggests that the more social support individuals receive from family, friends, or romantic partners, the fewer episodes of homelessness they experience. Additionally, those who have access to financial and emotional support are more likely to successfully navigate the transition from homelessness to a permanent housing situation (Duchesne and Rothwell, 2016). Without the proper social support systems to help coordinate a successful exit from homelessness, it can be difficult to maintain stability.



Researchers have also used age as a predictor for returns to homelessness. Younger heads of households are more likely to double up with family or friends when facing the prospect of homelessness. However, as heads of households get older, access to practical doubling-up options decline and the likelihood of entering emergency shelter increases (Glendening and Shinn, 2017). Studies also show that individuals who experience an imposed departure from services have some of the highest rates of returns to shelter among all departure types. Imposed departures take place when the participant is asked to leave the intervention program. This type of departure may be the result of any number of factors, including refusal to pay rent, behavioral issues, and absence, among others. This correlation implies that imposed departures are associated with characteristics that result in poor outcomes, or that shelter policies that lead to imposed departures have some unintended consequences on residents (Duchesne and Rothwell, 2016).

One of the most impactful variables on returns to homelessness is the type of housing situations individuals exit to once leaving the system. Exiting to precarious or unstable situations markedly increases the likelihood of re-entering services. Additionally, history of prior homelessness can impact whether individuals return to services. People are less likely to return to homelessness if they had never been homeless before (Dworsky and Piliavin, 2000).

Literature suggests that Black homeless individuals trend toward a significantly greater risk of service re-entry than most other racial/ethnic groups (Brown et al., 2017). However, there is a paucity of data that explores the long-term outcomes of homeless individuals and families by race specifically. Qualitative studies on the experiences of Black and White homeless youth illustrate differences in how homelessness is viewed. Black homeless youth are less likely than White youth to perceive themselves as “homeless” and are thus less likely to utilize or access relevant services (Hickler and Auerswald, 2009).

Policy Considerations

An analysis of the interim housing system revealed that housing placement and outcome information upon exit from interim housing services is not available in over 76% of stays from January 2010 to April 2017 (California Policy Lab, 2018). This underscores the dearth of data on the outcomes of individuals who cycle through the homeless system and highlights the need for more comprehensive research on this topic. Though there are a shortage of studies that explore the long-term outcomes of homeless interventions, existing research suggests that RRH and PSH produce positive outcomes on a more consistent basis than other services. However, the fact that each individual intervention may service a different segment of the homeless population should be taken into consideration when evaluating outcomes and crafting future intervention programs. Further research is needed on the variation of outcomes between racial groups to help further understand how best to assist historically underserved groups, specifically in the homeless population. Understanding these outcomes is key to utilizing homeless prevention funds in an effective and equitable manner.

*For questions about the Homelessness Policy Research Institute,
please contact Elly Schoen at eschoen@price.usc.edu.*



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EXHIBIT F

2021 Comprehensive Housing Affordability Strategy

Comprehensive Housing Affordability Strategy ("CHAS") data

Summary Level: County

Created on: December 13, 2021

Data for: Riverside County, California

Year Selected: 2014-2018 ACS

Income Distribution Overview	Owner	Renter	Total
Household Income less-than or= 30% HAMFI	32,245	44,340	76,585
Household Income >30% to less-than or= 50% HAMFI	35,805	39,180	74,985
Household Income >50% to less-than or= 80% HAMFI	63,235	48,480	111,715
Household Income >80% to less-than or=100% HAMFI	42,095	26,060	68,155
Household Income >100% HAMFI	299,020	87,885	386,905
Total	472,400	245,950	718,350
Housing Problems Overview 1	Owner	Renter	Total
Household has at least 1 of 4 Housing Problems	168,995	146,725	315,720
Household has none of 4 Housing Problems OR cost burden not available, no other problems	303,405	99,220	402,625
Total	472,400	245,950	718,350
Severe Housing Problems Overview 2	Owner	Renter	Total
Household has at least 1 of 4 Severe Housing Problems	87,620	93,420	181,040
Household has none of 4 Severe Housing Problems OR cost burden not available, no other problems	384,780	152,530	537,310
Total	472,400	245,950	718,350
Housing Cost Burden Overview 3	Owner	Renter	Total
Cost Burden less-than or= 30%	313,845	107,810	421,655
Cost Burden >30% to less-than or= 50%	84,890	63,130	148,020
Cost Burden >50%	67,600	69,430	137,030
Cost Burden not available	6,065	5,585	11,650
Total	472,400	245,950	718,350
Income by Housing Problems (Owners and Renters)	Household has at least 1 of 4	Household has none of 4 Housing Problems	Total

	Housing Problems	OR cost burden not available, no other problems	
Household Income less-than or= 30% HAMFI	59,505	17,080	76,585
Household Income >30% to less-than or= 50% HAMFI	60,890	14,100	74,985
Household Income >50% to less-than or= 80% HAMFI	77,905	33,815	111,715
Household Income >80% to less-than or= 100% HAMFI	38,270	29,890	68,155
Household Income >100% HAMFI	79,155	307,745	
Total	315,720	402,625	718,350
Income by Housing Problems (Renters only)	Household has at least 1 of 4	Household has none of 4 Housing Problems	Total
	Housing Problems	OR cost burden not available, no other problems	
Household Income less-than or= 30% HAMFI	35,670	8,670	44,340
Household Income >30% to less-than or= 50% HAMFI	35,635	3,545	39,180
Household Income >50% to less-than or= 80% HAMFI	38,815	9,670	48,480
Household Income >80% to less-than or= 100% HAMFI	16,185	9,875	26,060
Household Income >100% HAMFI	20,420	67,460	87,885
Total	146,725	99,220	245,950
Income by Housing Problems (Owners only)	Household has at least 1 of 4	Household has none of 4 Housing Problems	Total
	Housing Problems	OR cost burden not available, no other problems	
Household Income less-than or= 30% HAMFI	23,835	8,410	32,245
Household Income >30% to less-than or= 50% HAMFI	25,255	10,555	35,805
Household Income >50% to less-than or= 80% HAMFI	39,090	24,145	63,235
Household Income >80% to less-than or= 100% HAMFI	22,085	20,015	42,095

Household Income >100% HAMFI	58,735	240,285	299,020
Total	168,995	303,405	472,400
Income by Cost Burden (Owners and Renters)	Cost burden > 30%	Cost burden > 50%	Total
Household Income less-than or= 30% HAMFI	58,400	52,375	76,585
Household Income >30% to less-than or= 50% HAMFI	59,225	39,115	74,985
Household Income >50% to less-than or= 80% HAMFI	72,135	30,555	111,715
Household Income >80% to less-than or= 100% HAMFI	33,270	7,840	68,155
Household Income >100% HAMFI	62,005	7,140	386,905
Total	285,035	137,030	718,350
Income by Cost Burden (Renters only)	Cost burden > 30%	Cost burden > 50%	Total
Household Income less-than or= 30% HAMFI	34,820	31,545	44,340
Household Income >30% to less-than or= 50% HAMFI	34,790	22,660	39,180
Household Income >50% to less-than or= 80% HAMFI	35,785	12,515	48,480
Household Income >80% to less-than or= 100% HAMFI	13,390	1,945	26,060
Household Income >100% HAMFI	13,775	765	87,885
Total	132,560	69,430	245,950
Income by Cost Burden (Owners only)	Cost burden > 30%	Cost burden > 50%	Total
Household Income less-than or= 30% HAMFI	23,585	20,835	32,245
Household Income >30% to less-than or= 50% HAMFI	24,435	16,455	35,805
Household Income >50% to less-than or= 80% HAMFI	36,355	18,040	63,235
Household Income >80% to less-than or= 100% HAMFI	19,885	5,895	42,095
Household Income >100% HAMFI	48,230	6,375	299,020
Total	152,490	67,600	472,400

1. The four housing problems are: incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, and cost burden greater than 30%.
2. The four severe housing problems are: incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, and cost burden greater than 50%.
3. Cost burden is the ratio of housing costs to household income. For renters, housing cost is gross rent (contract rent plus utilities). For owners, housing cost is "select monthly owner costs", which includes mortgage payment, utilities, association fees, insurance, and real estate taxes.

EXHIBIT G

Housing and Workforce Solutions

HOME ARP Power Point Presentation

HOME-American Rescue Program



HWS HOUSING AND
WORKFORCE
SOLUTIONS
ENGAGE. ENCOURAGE. EQUIP.

1

Background

- The American Rescue Plan Act (ARP) is a federal economic stimulus bill passed by the U.S. Congress and signed into law effective March 11, 2021. The legislation provides \$5 billion from the U.S. Department of Housing and Urban Development (HUD) to the Home Investment Partnerships Program (HOME). This funding is to provide homelessness assistance and supportive services.
- On September 20, 2021 HUD announced the HOME-ARP allocations of which Riverside County was awarded \$8,823,099. We are seeking your input to help us strategize/prioritize our decision-making process in the use of these funds. Your response to the following survey will be extremely helpful to us in this effort.

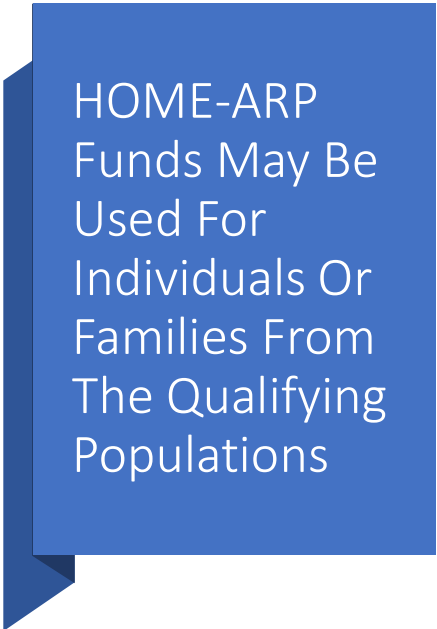
2



HOME-ARP Funds can be used for the following activities:

- Production or preservation of permanent supportive affordable housing.
- Tenant-based rental assistance.
- Homeless prevention, supportive services, and housing counseling.
- The purchase or development of non-congregate shelter for individuals and families experiencing homelessness.

3



HOME-ARP Funds May Be Used For Individuals Or Families From The Qualifying Populations

- Homeless. (An individual or family who lacks a fixed, regular, and adequate nighttime residence.)
- At-risk of homelessness. (Does not have sufficient resources or support network.)
- Persons fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or trafficking.
- Other populations where providing assistance would prevent the family's homelessness or would serve those with the greatest risk of housing instability.
- Veterans and families that include a veteran family member that meet one of the preceding criteria from above.

4

Permanent Supportive Housing

- Performance Assessment and Gap Analysis – Lesar Development Consultants, June 2021
- Unit production
 - 309 units in operation or under construction
 - 142 units under construction within 1-3 months
 - 196 units in planning
- State funding Opportunities
 - No Place Like Home
 - Homekey Program

EXHIBIT H

Continuum of Care Meeting

Comprehensive List of Attendees

Voting Member Agency	Voting Rights	Primary	Present	Secondary	Present 2
Axis Foundation	Y	Cordell Thomas	X	Yuriam Thomas	
Catholic Charities	Y	Jessica Cortez		Maria De Los Santos	
City Net	Y	Tyler Ahtonen		Jessica Avelar-Bruce	X
City of Corona	Y	Karen Roper	X	Jim Auck	
City of Eastvale	Y	Eva Terakhova	X		
City of Hemet	Y	Linda Krupa	X	Chris Lopez	
City of Lake Elsinore	Y	Nicole Dailey	X	Alex Tehen	
City of Menifee	Y	Edna Lebron	X		
City of Moreno Valley	Y	Serina Astorga	X	Dena Heald	
City of Murrieta	Y	Brian Ambrose		Sgt Matt Embrey	
City of Jurupa Valley	Y	Amy Sells	X	Michael Flad	
City of Perris	Y	Dr Grace Williams		Rebecca Rivera	X
City of Riverside	Y	Michelle Davis		Hafsa Kaka	
City of San Jacinto (HARP Outreach)	Y	Robin Gilliland		Cynthia Espinosa	
Coachella Valley Association of Governments (CVAG)	Y	Anyse Smith	X	Stephanie Shambow	
Coachella Valley Coalition on Youth Homelessness	Y	James Bolas		Yuki Withrow	
Coachella Valley Rescue Mission (CVRM)	Y	Mark Escobedo		Kimberly McKinney	X
Community Health Association Inland Southern Region	Y	Briana Eason	X	Sendy Sanchez	
Department of Public Social Services	Y	Margaret Adkins		Linda Salas	
Desert AIDS Project	Y	Monica Aitchison	X		
Desert Healthcare District	Y	Donna Craig	X	Chris Christensen	
Faith In Action SGP	Y	Carol Allbaugh		Mary Hamlin	
Foothill Aids Project	Y	Leslie Evans		Jose Millan	
Habitat for Humanity	Y	Tammy Marine			
Inland Empire Health Plan (IEHP)	Y	Ben Jauregui	X	Shelly LaMaster	
Jewish Family Services of San Diego	Y	Becky Ruiz	X	Erica Gonzalez	
Lake Elsinore Unified School District	Y	Denine Diaz		Mary Martinez Zayas	
LightHouse Social Service Centers	Y	Karyn Young-Lowe	X	Susan Kershner	
Lutheran Social Services	Y	Deniece Marshall		Ricardo Forbes	
Martha's Village and Kitchen	Y	Linda Barrack		Rosa Verduzco	X
Mental Health Systems	Y	Michael Koesterer		Ranfis Franco	X
Mercy House	Y	David Jacobs	X	Allison Davenport	
Molina Healthcare of CA	Y	Jackie Portilla	X	Ruthy Argumedo	

Operation SafeHouse
 Path of Life Ministries
 Riverside County Department of Animal Services
 Riverside County Office of Education
 Riverside County Sheriff Station - HOT Team
 Riverside Univ. Health System-Behavioral Health
 Riverside Unified School District
 Shelter From The Storm
 Step Up on Second
 Transgender Health and Wellness Center
 UCR Health
 United Way of the Inland Valleys
 US Vets
 VA Loma Linda Healthcare
 Valley Restart Shelter
 Assemblymember Sabrina Cervantes
 Bill Blankenship-Private Business Consultant
 California Partnership
 Carol's Kitchen
 Casa Blanca pushing forward
 City of Banning
 Community Food Pantry of Murrieta/St. Martha's Church
 Family Promise of Riverside
 Family Service Association
 Galilee Center
 Help for Future Leaders, Inc.
 His Daughters House
 Housing In Action
 Proactive Engineering Consultants & CM
 Restoration Agape
 Riverside County Board of Supervisors Office (District 1)
 Riverside County Board of Supervisors Office (District 2)
 Riverside County Board of Supervisors Office (District 3)
 Riverside County Board of Supervisors Office (District 5)

Y	Rainbow Marler	X	Sandra Dunn	
Y	Casey Jackson		Leonard Jarman	X
Y	Emma Perez-Singh		Kim Youngburg	
Y	Stephan McPeace			
Y	Julia Cruz	X	Julian Ramirez	X
Y	Marcus Cannon	X	Christopher Salazar	
Y	Chris Sewell		Ozzie Villela	
Y	Angelina Coe		Maricela Ponce	
Y	Greg Coffos	X	Alberto Rivera	
Y	JM Kennedy	X	Thomi Clinton	
Y	Katherine Hansen		Dr. Donald Larsen	
Y	Danielle Kilchenstein	X		
Y	Nicole Starks-Murray		Dr. Seleste Bowers	
Y	Oscar Ramirez			
Y	Susan Larkin	X	Javier Lopez	
N/A	Brad West	X		
N	Bill Blankenship			
N	Maribel Nunez		Erick Lemus	
N	Vince Conway		Ann Blair	
N	Cecelia Chavira			
N	Colleen Wallace			
N	Angela Boggeln		Cheryl Petersen	
N	Vicci Botich		Karyn Johnson-Dorsey	
N	Deana Mann		Brenda Ramos	
N	Gloria Gomez		Catarino Lizarraga	
N	Daniel Yeboah			
N	Adrienne Mason		Tolia Terrell	
N	Dee McFadden			
N	Tony Marhoefer			
N	Giovanny Aguilar		Nancy Gonzalez	
Conflicted				
Conflicted	Debbie Rose	X		
Conflicted	Sundae Styles	X		
Conflicted	Amber Smalley			

Riverside County Probation
 SAFE Family Justice Center
 The Hole in the Wall
 The Salvation Army (Riv)
 Riverside County Board of Supervisors Office (District 4)
 Riverside County Housing Authority
 Lotus Girls, Inc.
 Lake Perris SDA Church
 HIGH EXPECTATION DEVELOPMENT CORPORATION
 Brilliant Corners
 Inland Empire Harm Reduction
 QueerWorks
 Kamali'i Foster Family Agency
 Riverside County Division of Victim Services
 California Room and Board Coalition
 Social Work Action Group (SWAG)

N	Ida Marin		Derrick Dorsey-Davis	
N	Katie Gilbertson		Jennell Millburn	
N	Benjamin Shuler		David Nielsen	
N	James Fleming		Katrina Fleming	
Conflicted	Greg Rodriguez	X		
Conflicted	Marcus Dillard		Gina Marasco	
N	Brandy Villarreal		Chyna Davis	
N	Wade Forde		Lily Garner	
N	Nakesha High		Marcus Robinson	
N	Narmin Nuru	X	Tyler Fong	
N	Sharein Soliman		Audrey Ibarra	
N	Jacob Rostovsky	X	Bruce Weiss	X
N	TIERRA Renee BOWEN		Sarah DeHay	
N	Johanna Lechuga		Patricia Cardenas	
N	Julianna Vernon		Michael Castro	
N	Monica Sapien		David Reyes	

EXHIBIT I

Comment Period

Announcement

Proof of Comment Period Announcement

Housing Authority of the County of Riverside website

<https://www.harivco.org/>



HOUSING AUTHORITY OF THE COUNTY OF RIVERSIDE

5555 ARLINGTON AVENUE RIVERSIDE, CA 92504

Welcome!

The Housing Authority of the County of Riverside (HACR) is a public agency chartered by the State of California to administer the development, rehabilitation or financing of affordable housing programs. The mission of the Housing Authority is to transform and promote healthy, thriving communities, re-ignite hope and restore humanity through the creation and preservation of high quality and innovative housing and community development programs which enhance the quality of life and revitalize neighborhoods to foster self-sufficiency. The Housing Authority has been serving Riverside County for over 60 years.



CLICK HERE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM TO APPLY

The Housing Choice Voucher (Section 8) Waiting List Open You may register or update your registration on-line at [How To Apply!](#) If you do not have internet access, click the following link for more information: [Computer Resource Listing](#). You may also access a computer and apply online at the Housing Authority office located at 5555 Arlington Ave Riverside 92504 Monday - Friday from 9 am - 5 pm.

In July 1, 2015, the Housing Authority of the County of Riverside opened the Housing Choice Voucher (Section 8) waiting list. Registrations for all programs are accepted ONLINE. You can register by clicking on the appropriate link below. If you want to register or update your information on the waiting list for the Housing Choice Voucher (Section 8), Mod Rehab or waiting lists for the Project Based Voucher Program, please click on the appropriate link below. Please note that you must have a valid social security number in order to complete the online Registration forms below.

Register: [Online Registration for Housing - in English](#)

Register: [Registración para la Asistencia de Vivienda - en Español](#)

Important Message From The Housing Authority

With security on the news lately, much has been said about protecting your information. To guard against possible scams, always be cautious about sharing personal information and never share information with anyone over the phone, even if they claim to be someone you do business with. Please note that Housing Authority staff would not contact you and request personal financial information such as a credit or debit card numbers and/or their PIN's. Also, we do not charge a fee for your participation in any of our programs. Should you have any questions please contact your Housing Authority representative directly.

Resident Member - Board of Commissioners

We are now accepting applications to become a Resident Member on the Board of Commissioners.



[Learn more >](#)

Housing Choice Voucher Program (Section 8)



[Learn more >](#)

Housing Authority Rental Listings



[Learn more >](#)

Report Housing Fraud



[Learn more >](#)

Free Foreclosure Prevention Counseling



[Learn more >](#)



UNITED LIFT

DATA ANALYSIS
JUNE 2020 APPLICATION PERIOD
July 20, 2020

Powered by Lift To Rise
in collaboration with Inland SoCal United Way
Made possible by the County of Riverside

Public Notice

PUBLIC NOTICE

- [HOME ARP Allocation Plan](#)
- [HOME ARP Allocation Plan Public Comment Period](#)

Proof of Comment Period Announcement

Riverside County Office of Economic Development website

<https://rivcoeda.org>

The screenshot shows a web browser at the URL <https://rivcoeda.org/Home>. The browser's address bar and tabs are visible at the top. Below the browser, a dark blue banner contains the text: "Click here to visit our new website: (www.rivcobcs.org or www.rivcoed.org)".

The website's main navigation bar includes four orange buttons: "Getting Started", "EDA News", "Resources", and "FPPC Forms".

The "EDA News" section is active, displaying the heading "EDA Program Updates" and the sub-heading "NOTICE OF AVAILABILITY FOR PUBLIC REVIEW AND COMMENT". Below this, there are two bullet points with links:

- [HOME-ARP Allocation Plan](#)
- [HOME-ARP Allocation Plan Public Comment Period](#)

The "EDA Press Information Office" section is also visible, featuring an icon of a notepad and pen, the text "View the latest EDA press information", and a link [View Press](#).

At the bottom of the page, there is a section for the "Economic Development Update Newsletter" with a button that says "View our ARCHIVE".

Appendix 1

HOME-ARP Certifications
SF-424, SF 424B SF 424D

Application for Federal Assistance SF-424

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

N/A

5b. Federal Award Identifier:

M21-UP065030

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: County of Riverside

* b. Employer/Taxpayer Identification Number (EIN/TIN):

* c. UEI:

MN1HJ72DTDF9

d. Address:

* Street1:

3403 Tenth Street, Suite 300

Street2:

* City:

Riverside

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92501-2428

e. Organizational Unit:

Department Name:

Housing and Workforce Solution

Division Name:

Housing Division

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

* First Name:

Juan

Middle Name:

* Last Name:

Garcia

Suffix:

Title: Principal Development Specialist

Organizational Affiliation:

* Telephone Number: 951-955-8126

Fax Number: 951-374-3098

* Email: jugarcia@rivco.org

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14-239

CFDA Title:

HOME Investment Partnerships Program

* 12. Funding Opportunity Number:

N/A

* Title:

N/A

13. Competition Identification Number:

N/A

Title:

N/A

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Provide funding for development of permanent supportive housing for the benefit HOME ARP qualifying populations

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:*** a. Applicant * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="8,823,099.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="8,823,099.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

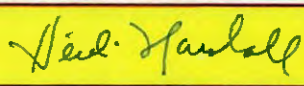
Middle Name:

* Last Name:

Suffix:

* Title: * Telephone Number: Fax Number: * Email: **HMARSHALL@RIVCO.ORG**

* Signature of Authorized Representative:

* Date Signed:

FORM APPROVED COUNTY COUNSEL

BY  5/24/2022
AMR/T.P. DHILLON DATE

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

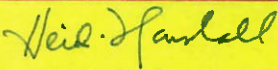
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
	Director of Housing and Workforce Solutions
APPLICANT ORGANIZATION	DATE SUBMITTED
County of Riverside	5/31/2022

Standard Form 424B (Rev. 7-97) Back

FORM APPROVED COUNTY COUNSEL
 BY:  5/24/2022
 AMRIT P. DHILLON DATE

ASSURANCES - CONSTRUCTION PROGRAMS

OMB Number: 4040-0009

Expiration Date: 02/28/2022

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0042), Washington, DC 20503.


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As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progressive reports and such other information as may be required by the assistance awarding agency or State.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards of merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
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SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Director of Housing and Workforce Solutions
APPLICANT ORGANIZATION County of Riverside	DATE SUBMITTED 5/31/2022

SF-424D (Rev. 7-97) Back

FORM APPROVED COUNTY COUNSEL
 BY:  5/24/2022
 AMRIT P. DHILLON DATE

HOME-ARP CERTIFICATIONS

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the participating jurisdiction certifies that:

Affirmatively Further Fair Housing --The jurisdiction will affirmatively further fair housing pursuant to 24 CFR 5.151 and 5.152.

Uniform Relocation Act and Anti-displacement and Relocation Plan --It will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, (42 U.S.C. 4601-4655) and implementing regulations at 49 CFR Part 24. It will comply with the acquisition and relocation requirements contained in the HOME-ARP Notice, including the revised one-for-one replacement requirements. It has in effect and is following a residential anti-displacement and relocation assistance plan required under 24 CFR Part 42, which incorporates the requirements of the HOME-ARP Notice. It will follow its residential anti-displacement and relocation assistance plan in connection with any activity assisted with funding under the HOME-ARP program.

Anti-Lobbying --To the best of the jurisdiction's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
3. It will require that the language of paragraph 1 and 2 of this anti-lobbying certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

Authority of Jurisdiction --The consolidated plan is authorized under State and local law (as applicable) and the jurisdiction possesses the legal authority to carry out the programs for which it is seeking funding, in accordance with applicable HUD regulations and program requirements.

Section 3 --It will comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and implementing regulations at 24 CFR Part 75.

HOME-ARP Certification --It will use HOME-ARP funds consistent with Section 3205 of the American Rescue Plan Act of 2021 (P.L. 117-2) and the CPD Notice: *Requirements for the Use of Funds in the HOME-American Rescue Plan Program*, as may be amended by HUD, for eligible activities and costs, including the HOME-ARP Notice requirements that activities are consistent with its accepted HOME-ARP allocation plan and that HOME-ARP funds will not be used for prohibited activities or costs, as described in the HOME-ARP Notice.

Hire Paulae
Signature of Authorized Official

5/31/2022
Date

Director
Title

FORM APPROVED COUNTY COUNSEL
BY: APD 5/24/2022
AMRIT P. DHILLON DATE