

# COUNTY OF RIVERSIDE

## 10-YEAR STRATEGY TO END HOMELESSNESS



*September 2007*

# ACKNOWLEDGEMENTS

The "County of Riverside 10-Year Strategy to End Homelessness" is the result of the efforts of many representatives from public and private organizations including the following agencies who made up the "10 Year Plan Working Group:"

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 City of Coachella  
 City of Corona  
 City of Moreno Valley  
 City of Palm Desert  
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 City of Riverside  
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 Community Action Partnership  
 Desert AIDS  
 Economic Development Agency  
 Homeless Taskforce of Corona  
 Housing Authority  
 Lutheran Social Services  
 Martha's Village & Kitchen  
 Mental Health  
 NAMI  
 Operation Safehouse  
 Path of Life  
 Salvation Army  
 St. Paul of the Desert  
 US VETS  
 Valley Restart  
 Veterans Services

If any organization has been omitted in this listing it was done so in error.

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# LOCAL FACTS ABOUT HOMELESSNESS<sup>1</sup>

## 1. Total Number of Homeless Persons:

- There are approximately 4,500 adults and children who are homeless on a given day throughout the County of Riverside;

## 2. Location:

- More than 60% of homeless adults and children live on the streets and nearly 40% live in shelters or transitional housing programs on a given day throughout the County of Riverside;

## 3. Gender:

- More than two-thirds of adults are men and nearly one-third are women on a given day throughout the County of Riverside;

## 4. Families:

- More than 300 families are homeless on a given day throughout the County of Riverside;

## 5. Children:

- Nearly 20% of homeless persons are children under the age of 18 living with a homeless parent(s) on a given day throughout the County of Riverside.

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<sup>1</sup>Local facts were taken from the County of Riverside 2007 Homeless Count.

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# EXECUTIVE SUMMARY

## I. A NEW CHALLENGE

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The President of the United States challenged the 100 largest cities to end chronic homelessness in 2001. The U. S. Conference of Mayors extended the Bush Administration’s challenge to other cities to complete 10-Year Strategies to End Homelessness. In June of 2003 the Conference of Mayors unanimously passed a resolution that “strongly encourages cities to create and implement strategic plans to end homelessness in 10 years.” The National Governors Association extended its support by encouraging state governments to coordinate efforts with the federal government and local efforts including 10-year planning efforts to end chronic homelessness in March of 2005.

As a result, more than 300 cities, counties, and states have completed or are completing “A 10-Year Strategy to End Homelessness” according to the United States Interagency Council on Homelessness (USICH). USICH is a federal agency established by Congress to be responsible for supporting and encouraging local jurisdictions to develop and implement 10-year strategies to end homelessness.

## II. A NEW APPROACH

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USICH has encouraged the increasing number of jurisdictions that have completed or are completing 10-year strategies to recommend courses of action that end and not merely manage

“Planning  
to end homelessness  
—not to manage or  
maintain it—  
is new”.  
(United States Interagency  
Council on Homelessness)

or maintain homelessness. A typical example of managing and maintaining homelessness involves moving homeless people from food and meal programs to emergency shelters and back to food and meal programs day after day, week after week, month after month, and—with an increasing number of homeless persons—year after year. Managing and maintaining homelessness has also involved moving people in and out of motels, hospital emergency rooms, and correctional institutions which also contributes to a seemingly endless cycle of homelessness.

Planning to end homelessness involves a different approach to homelessness that is described in the recommendations in this report. This approach involves focusing new and existing tools and resources on three (3) sub-populations of homeless persons that encompasses all homeless and at risk of becoming homeless persons within the County. The three (3) sub-populations include:

- Chronic Homeless Persons;
- Episodic Homeless Persons; and
- Persons At Risk of Becoming Homeless.

- **CHRONIC HOMELESS PERSONS**

Chronic homeless persons, according to the U.S. Department of Housing and Urban Development (HUD), are individuals who are homeless for one (1) year or more, or four (4) times in three (3) years, and have a disability which is often mental illness and/or substance abuse.<sup>1</sup> They are usually the most visible and the hardest to reach of all homeless persons. The Institute for Urban Research and Development estimates that about 50% or 1,350 of the approximately 2,700 single persons recently counted on the streets in the County of Riverside on a given day are chronically homeless. HUD does not include members of families in its definition of chronic homelessness.

Organizations and individuals throughout the County provide a lot of emergency assistance to chronically homeless individuals that often manage and maintain their chronic homeless experience. National and local studies have demonstrated that many people remain homeless year after year after hundreds of thousands of dollars are spent on emergency assistance.<sup>2</sup> Conversely, fewer resources such as assertive community treatment and permanent supportive housing are provided to chronic homeless persons to help end their homeless experience. Thus, assertive community treatment, permanent supportive housing, and other effective tools and resources are recommended in this report.

<sup>1</sup>Chronic homelessness is fully defined by HUD as "A person who is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter." A disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." A disabling condition limits an individual's ability to work or perform one or more activities of daily living. An episode of homelessness is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter. A chronically homeless person must be unaccompanied and disabled during each episode."

<sup>2</sup>See "Costs of Serving Homeless Individuals in Nine Cities," The Lewin Group, November 19, 2004; "The Do-It-Yourself Cost-Study Guide: Assessing Public Costs Before and After Permanent Supportive Housing: A guide for State and Local Jurisdictions," Martha R. Burt, November, 2004.

- **EPISODIC HOMELESS PERSONS**

Episodic homeless persons are individuals or families who are homeless for a short period of time—days, weeks, or months—not a year or more. The Institute for Urban Research and Development estimates that 70% or 3,150 persons of the approximate 4,500 persons who are homeless in the County on a given day are not homeless one (1) year later.

Comparatively-speaking, the good news is that episodic homeless persons are no longer homeless days, weeks, or months because of the services provided by local government, non-profit organizations, faith-based organizations, community service groups, businesses, and volunteers. Thus, there are several recommendations that underline the need to support existing non-residential and residential homeless services such as case management based shelters and transitional housing programs.

- **PERSONS AT RISK OF BECOMING HOMELESS**

The bad news is that there are at least a few thousand people who become episodically homeless and replace the episodically homeless persons noted above who obtain housing which creates a continuous cycle of homelessness throughout the County year after year. The persons replacing the episodically homeless persons noted above are persons who were at risk of becoming homeless and became homeless.

Persons at risk of becoming homeless have limited income and often have to choose between paying their rent or mortgage and other daily living costs that often put them at risk of becoming homeless.<sup>3</sup> The Institute for Urban Research and Development estimates that a large majority of households at risk of becoming homeless and who eventually become homeless do not seek and/or receive resources until the day(s) before, or the day(s) after, they become homeless. Once a household becomes homeless, it generally costs thousands of dollars or more to help these households gain housing once again.

The recommendations in this report concerning homeless prevention (see pgs 21-22) will help households before they become homeless and may reduce the cost to hundreds of dollars or less in resources to keep them immediately housed. Residents have been asking if homelessness can actually end in their communities. If implemented, the recommendations

<sup>3</sup>This report assumes that households with an annual income of less than \$25,000 are at risk of becoming homeless. There were approximately 100,000 households in the County of Riverside with an annual income of less than \$25,000 in 2000 according to U. S. Census Bureau data.

concerning homeless prevention will break the cycle of continuous homelessness that involves thousands of persons who lose their housing and replace thousands of persons who obtain housing after becoming homeless. This will help homeless service providers to continue to focus on, and reduce, the number of persons who are chronically homeless.

### III. RECOMMENDATIONS

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The County of Riverside 10-Year Strategy to End Homelessness provides 11 recommendations that describe how homelessness can be reduced within the County as part of its strategy to end homelessness through a much more balanced approach of resources between chronic, episodic, and at risk of becoming homeless persons. These recommendations were made by the Working Group which is primarily comprised of representatives from local government and non-profit agencies that met at least once a month over an 18-month period of time that helped compile this report. A list of members can be found among the acknowledgments on page i.

The County has a significant number of homeless persons and those who are at risk of becoming homeless. There are thousands of households who are at risk of becoming homeless in the County during the course of a year. Of these households, approximately 7,000 consisting of about 20,000 adults and children become homeless annually.<sup>4</sup> Also, about 4,500 or 22.5% of these persons are homeless within the County on a given day.<sup>5</sup>

Implementing the recommendations in this report will help achieve the strategy's initial goal which is to reduce homelessness within the County by 50% during the first five (5) years (2008-2012) of implementation. Further reductions in homelessness for the following five (5) years (2013-2017) will be determined by, and based upon, the reduction outcomes during the initial five (5) years of implementation.

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<sup>4</sup>Estimating the number of persons who become homeless annually within the county was derived by examining and comparing local, regional, and national data. National research, according to the Urban Institute, has shown that approximately 1% of a jurisdiction's general population experiences homelessness during the course of a year (see "How Many Homeless People Are There?" in Helping America's Homeless). According to the California Department of Finance, Demographic Research Unit, there were approximately 2,000,000 residents in Riverside County in January of 2006. One percent (1%) equals 20,000 residents.

<sup>5</sup>The County of Riverside conducted a point-in-time homeless count during January, 2007 and concluded that there are approximately 4,500 homeless persons on a given day or approximately four and a half times the annual number of homeless persons. "Annual estimates are likely to be anywhere from three to six times as high as Point-in-time estimates" according to a recent report entitled "Estimating the Need" published by the Corporation for Supportive Housing in order to help guide jurisdictions in projecting their own annual estimate of homeless persons.

In order to reduce homelessness annually, the strategy primarily focuses on three (3) activities that were shaped by "guiding principles" that are based on local and national social service experiences and supported by recent local and national studies concerning homelessness (see Appendix A for a list of guiding principles). The three (3) activities are as follows:

- A. Preventing New Episodes of Homelessness;
- B. Ending Chronic and Episodic Homelessness;
- C. Developing Resources to Combat Homelessness.

The initial goal is to reduce homelessness within the county by 50% during the first five years of implementation.

Adopting recommendations for each of these three (3) activities provides the County with an opportunity to break a continuous cycle of homelessness that has left thousands of households homeless each year and hundreds of persons living on the streets incessantly year after year. The recommendations, which are described in their entirety in Section II Summary of Recommendations, fall within each of the three (3) activities above as follows:

## A. PREVENTING NEW EPISODES OF HOMELESSNESS

### Recommendation #1: Homeless Prevention

- implement a county-wide homeless prevention strategy designed to prevent at least half (50%) of the 7,000 households who become homeless each year from becoming homeless during the first five (5) years of implementation of this plan.

The Working Group recommends that a coordinated/collaborative homeless prevention strategy be developed and implemented to address the diverse needs of each supervisorial district. The group further recommends that community-based services be based upon "best practices models" such as "one-stop access centers." Households at risk of becoming homeless will be eligible to receive a wide-range of supplemental resources available "under one roof" in order to maintain their housing. Prior to receiving resources, an intake and assessment will be completed that will verify eligibility and identify the needs of each household. Households must be residents of the jurisdiction in which the program is operating, show proof of residency, and proof of low income status. In addition, recipients may be required to work with a case manager on a long-term basis.

### Recommendation #2: Discharge Planning

- establish county-wide protocols and procedures to prevent people from being discharged from public and private institutions of care into homelessness that will help decrease the number of persons being discharged into homelessness by at least 10% annually.

The Working Group recommends that a local interagency coordinating body as described on page 15 should be charged with establishing strategies to improve coordination among publicly and privately funded institutions of care and local service agencies in the County of Riverside in order to decrease the number of persons being discharged into homelessness annually. This effort would contribute to the initial goal of reducing homelessness within the County by 50% during the first five (5) years of the strategy's implementation.

## B. ENDING CHRONIC AND EPISODIC HOMELESSNESS

### Recommendation #3: Street Outreach

- expand street outreach programs throughout the County that bring social services directly to chronically homeless persons in a more "assertive" way in order to 1) decrease the number of chronic homeless individuals each year by at least 10% and 2) help prevent additional persons from living on the streets for one (1) year or more during the first five (5) years of implementation of the strategy.

The Working Group recommends that a comprehensive and flexible array of specialized services and related supportive efforts be readily available to assist chronic homeless persons through an assertive street outreach program. This program should serve as a "portal of entry" for severely mentally ill and other chronically homeless individuals to move beyond their homeless situation and into the continuum of care. Services should be provided in an assertive, yet non-intrusive, low demand approach by staff in order to

**Guiding Principle:**  
The longer a person lives on the streets the greater the likelihood that the problems that caused and/or prolong their homeless experience will intensify.

re-engage chronically homeless persons with needed treatment and services that address the diverse needs of the street population of each supervisorial district.

#### **Recommendation #4: Shelter Beds**

- create 150 additional shelter beds throughout the County for individuals living on the streets and encourage participation in a case management plan during the first five (5) years of implementation of the strategy.

The Working Group has determined that 150 additional shelter beds are needed for residents who should be encouraged to participate in a case management plan.<sup>6</sup> The average length of stay in shelters has been around 90 days. This means that 150 persons per every 90 days or 600 persons annually could receive the necessary services to move from shelter to more stable housing opportunities and reduce the number of unsheltered single adults living on the streets who are not chronically homeless by nearly half (44.5%) after the beds were established.<sup>7</sup> Shelter beds and related services should meet the diverse needs of the homeless population of each supervisorial district.

**Guiding Principle: Implementing a "rapid exit" strategy that focuses on early identification and resolution of shelter resident's "barriers to housing" and providing case management facilitates their return to permanent housing.**

#### **Recommendation #5: Transitional Housing**

- create 75 additional transitional housing units consisting of 225 beds to serve families who are living on the streets and encourage participation in a case management plan during the first five (5) years of implementation of the strategy.

<sup>6</sup>Statistics were taken from "Housing Inventory Charts" table of the "County of Riverside 2006 Continuum of Care Application."

<sup>7</sup>The County of Riverside 2007 Homeless Count revealed that approximately 2,700 persons were single adults living on the streets. The Institute for Urban Research and Development estimates that 50% or 1,350 of these persons are chronically homeless and 1,350 are not. Of the 1,350 who are not chronically homeless, 600 or nearly half (44.5%) could receive shelter and case management services after the 150 additional shelter beds are created.

Guiding Principle: Families need longer periods of residency than the average shelter residency of 90 days in order to establish the resources to obtain and maintain permanent housing

The Working Group recognizes that transitional housing programs have been very effective in helping families end their homeless experiences. On a given day, approximately 120 families are in transitional housing programs. During the same day, however, around 300 families are living on the streets or in motels and are in need of transitional housing.<sup>8</sup> The Working

Group believes that an average length of stay of six (6) months could be an adequate amount of time for families to obtain permanent affordable housing. Thus, 75 additional transitional housing units would serve 150 families during the course of a year and reduce the number of families living on the streets or in motels by 50%. Transitional housing units and related services should meet the diverse needs of the homeless population of each supervisorial district.

#### **Recommendation #6: Permanent Supportive Housing**

- create at least 500 beds or units of permanent supportive housing for chronic homeless persons during the first five (5) years of implementation of the strategy.

The Working Group recommends that at least 500 beds or units of permanent supportive housing be developed for chronic homeless persons in order to reduce chronic homelessness by nearly half during the first five (5) years of implementation of the strategy. Permanent supportive housing should include units within multi-family residences such as apartment buildings, Single Room Occupancy (SRO) complexes, and bedrooms within group living facilities such as sober living homes. Supportive services should meet the diverse needs of the homeless population for each supervisorial district.

#### **Recommendation #7: Permanent Affordable Housing**

- develop 1,500 units of permanent affordable housing for extremely low, very low, and low-income families and individuals during the first five (5) years of implementation of the strategy.

<sup>8</sup>Statistics were taken from "Homeless Population and Subpopulations" and "Housing Inventory Charts" tables of the "County of Riverside 2006 Continuum of Care Application."

The Working Group recommends that 1,500 units of permanent affordable housing be developed for low-income families and individuals during the initial five years of the strategy's implementation. About half of the units should be for individuals that could benefit from single-room occupancy housing. The other half would be for families that would be in need of multiple bedroom units. Funding sources are noted in Recommendations 10 and 11.

#### **Recommendation #8: Homeless Management Information System**

- engage full participation from all homeless prevention, emergency shelter, transitional housing, permanent support housing, and related supportive service programs in the County of Riverside Homeless Management Information System during the first five (5) years of implementation of the strategy.

The County of Riverside has committed to ensuring that 75% of all emergency shelter, transitional housing, and permanent support housing beds/units will be included in its Homeless Management Information System (HMIS) by the end of 2008. This commitment was made to the U.S. Department of Housing and Urban Development (HUD) through the County's 2006 Continuum of Care Application which was submitted to HUD in May, 2006. Currently, about 45% of all emergency shelter beds, 30% of all transitional housing beds, and 20% of all permanent supportive housing beds are participating in HMIS. The Working Group recommends that efforts be made to ensure that 75% of all emergency shelter, transitional housing, and permanent support housing beds participate in HMIS by the end of 2008. The Working Group also recommends full participation of all homeless prevention and related supportive service programs in the County of Riverside Homeless Management Information System.

#### **Recommendation #9: Mainstream Resources**

- create a streamlined benefits application system featuring a single application process for multiple programs in order to expedite enrollment and access to available resources for homeless and at risk to homeless individuals and families during the first two (2) years of implementation of the strategy.

Local and national data reveals that only one-third of chronic homeless persons access mainstream benefit programs such as: Food Stamps, Medicaid, Social Security Disability Income (SSDI), Supplemental Security Income (SSI), and Veteran's Benefits.<sup>9</sup> In order to reverse this development, the Working Group recommends that case managers ensure that homeless persons, and particularly chronic homeless persons, successfully obtain the benefits for which they are eligible. Creating a streamlined benefits application system featuring a single application process for multiple programs in order to expedite enrollment and access to available resources for homeless and at risk to homeless individuals and families will increase the number of homeless persons receiving mainstream resources. Often homeless persons are eligible to receive multiple mainstream resources and a single application process would enhance their opportunity to receive multiple mainstream resources for themselves and, if applicable, family members.

### C. DEVELOPING RESOURCES TO COMBAT HOMELESSNESS

As previously noted under Recommendation #7, the Working Group recommended that 1,500 units of permanent affordable housing be developed for low-income families and individuals during the first five years of the strategy's implementation. New sources of support for permanent affordable housing development are noted in the following two (2) recommendations.

#### **Recommendation #10: Housing Trust Fund**

- create a Housing Trust Fund that receives an ongoing dedicated source(s) of public funding to support 1) production and preservation of affordable housing including housing for extremely low, very low, and low income households; 2) homeless prevention activities; and 3) ancillary supportive services during the first year of implementation of the strategy.

This public source of funding is usually committed through legislation or ordinance. The Working Group recommends that these funds be used for a variety of purposes including, but not limited to: 1) producing affordable housing including permanent supportive housing; 2) preserving affordable housing through maintenance and repairs; 3) supporting homebuyer assistance through down payment and mortgage assistance and interest subsidies; 4) providing safety net housing which includes increasing emergency shelter and transitional housing beds; 5) assisting nonprofit housing developers with pre-development funds; 6) granting "matching" funds that other public or private

<sup>9</sup>Ending Chronic Homelessness: Strategies for Action," U. S. Department of Health and Human Services, March 2003, pgs. 10-119; "County of Riverside 2004/2005 Homeless Assessment," Institute for Urban Research and Development, pgs. 24 – 27.

resources may require; 7) encouraging projects to serve low income households by giving priority status to projects serving low income households; 8) favoring projects that provide at least 30 years of long-term affordability by giving priority status to projects providing 30 years of long-term affordability; and 9) encouraging projects to provide units accessible to those with disabilities and meet the requirements of the Americans with Disabilities Act (ADA) and applicable local laws by giving priority status to projects providing accessible units. There are at least six (6) counties within the State of California that have created housing trust funds.<sup>10</sup>

The Working Group also recommends that these funds be used for homeless prevention activities. Such activities are outlined in Recommendation #1. In addition, funds may be used for ancillary supportive services such as street outreach which is noted in Recommendation #3.

### **Recommendation #11: Inclusionary Housing Practices**

- encourage Riverside County and local jurisdictions to explore inclusionary housing practices that promote housing creation with incentives such as zoning bonuses, expedited permits, reduced fees, cash subsidies, or other enticements for developers who build affordable housing for homeless individuals and families.

Inclusionary housing has created over 34,000 affordable homes and apartments in California over the past 30 years. Currently, there are more than 100 cities and counties in California that have adopted an inclusionary housing policy that represents nearly a 50 percent increase since 1994. There are no jurisdictions, however, in the County of Riverside that have adopted an inclusionary housing policy.<sup>11</sup>

## **IV. IMPLEMENTING THE RECOMMENDATIONS**

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### **Role of Local Coordinating Bodies**

In order to ensure that the recommendations and related activities are implemented, coordinated, and evaluated, the Working Group recommends that the Board of Supervisors request the partnership of existing interagency bodies best positioned to carry out these responsibilities. Given the geographic diversity of Riverside County it may be necessary to divide these responsibilities among two bodies – one serving the eastern region and the other the western region.

<sup>10</sup>See the Center for Community Change web site <http://www.communitychange.org/issues/housingtrustfunds> for a list of jurisdictions that have created housing trust funds.

<sup>11</sup>"Inclusionary Housing in California: 30 Years of Innovation," California Coalition for Rural Housing, 2003, p. 2.

For example, in the eastern county, the Board may choose to explore a partnership with the Coachella Valley Association of Governments (CVAG). CVAG provides staff and maintains a standing committee (Homelessness Committee) charged with planning for and responding to the needs of local homeless people. This interagency committee is comprised of elected officials and staff from the County and jurisdictional Cities, homeless service providers, advocates and members of the Region D Continuum of Care planning body.

The precedent for this recommendation began in 2002 when President Bush charged the U. S. Interagency Council on Homelessness with developing new strategies to better coordinate the nation's response to homelessness, including as the first priority, the President's goal of eliminating chronic homelessness by 2012. The Council has begun to meet its mandate by improving the coordination of the activities of 18 federal agencies involved in assisting homeless families and individuals and concentrating more efforts into the prevention of homelessness. The Council's mission has evolved into coordinating the federal response to homelessness and into creating a national partnership at every level of government and every element of the private sector to reduce and end homelessness in the nation.

### **Role of Housing and Homeless Coalition for Riverside County**

The Working Group recommends that the Housing and Homeless Coalition for Riverside County play a key role in ensuring that the recommendations and related activities are implemented, coordinated, and evaluated. The Housing and Homeless Coalition for Riverside County (Coalition) has served as the body responsible for coordinating the continuum of care planning process in Riverside County since 1995. The Coalition is comprised of representatives from several dozen public and private agencies, local governments, and community residents including homeless and formerly homeless individuals that are committed to facilitating a well-coordinated Continuum of Care planning process throughout the County. The mission of the Coalition is to assess the need for homeless and affordable housing services and to develop and recommend a continuum of care plan for the County on behalf of at risk and homeless individuals and families.

The central focus of the Coalition during the last year has been the development of the goals and strategies recommended in this plan. In order to ensure continuity and on-going focus concerning the implementation of this plan, the Working Group recommends that the Board of Supervisors appoint the Housing and Homeless Coalition for Riverside County as an advisory body to the

local interagency coordinating body. The Working Group further recommends that the elected Co-Chairs of the Coalition's four (4) regional bodies serve as standing members of the local interagency coordinating body.

### **Role of Faith Community**

The faith community has a history of providing resources to homeless families and individuals. Past efforts have included providing emergency assistance, shelter, transitional housing, and affordable housing. Resources have included donations of non-financial gifts, financial gifts, and in-kind services through volunteers. Thus, the Working Group recommends identifying and supporting coordinating bodies within regions throughout the county whose purpose would be to enlist local support from the faith community in order to help implement the goals and recommendations in this report.

Coordinating bodies would consist of members of various religious traditions who would meet on an on-going basis. Their charge would be to focus efforts and resources to help implement the goals and recommendations in this report. For example, Recommendation #1, which is a county-wide homeless prevention strategy designed to reduce the number of households that become homeless by half during the first five (5) years of implementation of this strategy, is in need of a wide-range of supplemental resources in order to prevent households from becoming homeless. The coordinating bodies could help members of the faith community focus on providing such resources.

Other recommendations in this report concern programs and activities that have long been supported by members of the faith community. Such programs and activities can be found in recommendations 4, 5, 6, and 7. Coordinating bodies would help ensure that these recommendations would be made known to the faith community and encourage faith communities to provide, or continue to provide, their resources towards these recommendations.

### **Role of Private Enterprise**

The Working Group recommends that efforts be made to make private enterprise aware of the goals and recommendations in this report in order to increase involvement and funding support from private enterprise that will be used to implement the goals and recommendations in this report.

Involvement such as in-kind services and funding should be directed towards staffing, administration, and/or direct services for new programs such as the homeless prevention program. In-kind services or funding should also be directed towards staffing, administration, and/or direct services for existing emergency shelter and transitional housing programs.

## **V. COMMUNICATING THE RECOMMENDATIONS**

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The Working Group believes that community involvement has to be further fostered in order to meet the two initial goals of this strategy which are 1) to reduce homelessness within the County by 50% during the first five (5) years of implementation of this strategy; and 2) to successfully carry out the recommendations in this report. To date, community involvement has consisted of the efforts of many representatives from a wide-range of community groups that have included:

- Businesses;
- Coalitions and Committees;
- Community Service Clubs;
- Corporations;
- Educational Institutions;
- Faith-Based Agencies;
- Financial Institutions;
- For-Profit Organizations;
- Housing Developers;
- Local Government;
- Neighborhood Associations;
- Non-Profit Organizations; and
- Private Foundations.

In order to further community involvement the Working Group is proposing the implementation of an education campaign to make the community aware of the findings, guiding principles, goals, and recommendations of this report. The Working Group also recommends an education campaign that includes a speaker's bureau in order to make the community aware of the findings, guiding principles, goals, and recommendations of this report.

## **FINDINGS**

It is important that the community know the extent of homelessness within the County. As noted in this report, there are approximately 4,500 adults and children who are homeless on a given day throughout the county and about 20,000 who experience homelessness annually. In addition, there are thousands of households that are at risk of becoming homeless throughout the year. The Working Group believes that knowing the extent of the problem will help generate more community support towards solving homelessness.

It is also important that the community know that there is a continuous cycle of homelessness. There are large numbers of persons who exit homelessness each year thanks to the resources and social service efforts of many local organizations and individuals. These persons, however, are replaced by a large number of other persons who lose their housing and become homeless. This cycle involves approximately 7,000 households consisting of about 20,000 adults and children who become homeless annually. The Working Group believes that knowing the extent of the problem will help generate more community support towards solving the problem of at risk of becoming homeless and in particular towards the homeless prevention program which is a key component to ending homelessness throughout the county.

## **GUIDING PRINCIPLES**

The guiding principles used in this report were formulated from the actions of other jurisdictions throughout the country that enabled them to reduce homelessness within their communities. As a result, the Working Group came up with recommendations that take an overall different approach to ending homelessness within the county than in past years. The committee believes that educating the public about this overall approach will result in greater community participation toward ending local homelessness.

## **GOALS**

The initial goal of this report is to reduce homelessness within the county by 50% during the first five (5) years of implementation of this strategy. The Working Group recommends that this initial goal should be promoted throughout the county in order to encourage support from a wide-range of community stakeholders including businesses, community service groups, corporations, faith-based agencies, for-profit agencies, local government, neighborhood groups, non-profit organizations, and private foundations.

## RECOMMENDATIONS

The community should be made aware of the recommendations of this report. The recommendations provide the County with an opportunity to break a continuous cycle of homelessness that has left thousands of households homeless each year and hundreds of persons living on the streets incessantly year after year. Public awareness often generates public support to ensure that the recommendations and related activities are implemented successfully.

In summary, the Working Group recommends that community involvement be further fostered by coordinating an effective communication strategy about the findings, guiding principles, goals, and recommendations of this report. The committee believes that the most effective way of communicating the strategy to the public is through a "speakers group." This group would consist of individuals who are familiar with the strategy and its recommendations and who should present this report to local groups. Local groups should be identified by community stakeholders such as elected officials, businesses, community service groups, faith-based organizations, and non-profit agencies.

## VI. FUNDING THE RECOMMENDATIONS

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The Working Group recommends implementing a funding strategy that would expand on existing resources presently used for the provision of homeless services in the County and provide the necessary resources to carry out the recommendations made in this report. This funding strategy would include, but not be limited to, a) private foundation grants; b) public agency grants; and c) dedicated sources of funding.

### PRIVATE FOUNDATION GRANTS

The Working Group recommends that eligible non-profit organizations apply for funding from private foundations for one or more of the recommendations in this report. Those recommendations in this plan that have historically fallen within the priority areas of private foundations include:

- Homeless Prevention Activities;
- Institutional Capacity Building for Affordable Housing Developers;
- Case Management for Permanent Supportive Housing;
- Street Outreach Services;

- Emergency Shelter Services;
- Transitional Housing Services; and
- Community Advocacy and Education.

## **PUBLIC AGENCY GRANTS**

The Working Group recommends that local government departments and non-profit agencies work together to continue to apply for, or begin to apply for, funding from the following sources of revenue (a list of specific funding programs for each of the sources of revenue below is listed in Appendix B):

### **Federal:**

- i) HUD Homeless Assistance Programs;
- ii) Department of Health and Human Services;
- iii) Veterans Administration; and
- iv) Federal Emergency Management Agency.

### **State:**

- i) Department of Aging;
- ii) Department of Community Services and Development;
- iii) Department of Education;
- iv) Department of Health Services;
- v) Department of Housing and Community Development;
- vi) Department of Mental Health;
- vii) Department of Social Services;
- viii) Department of Veteran Affairs;
- ix) Employment Development Department;
- x) Health and Human Services Agency;
- xi) Housing Finance Agency;
- xii) Office of Criminal Justice Planning; and
- xiii) State Treasurer's Office.

## **DEDICATED SOURCES OF FUNDING**

The Working Group recommends that the local interagency coordinating body identify various dedicated funding source(s) that could be used to finance the recommendations in this report. Historically, a wide-range of local fees and taxes have been identified and/or implemented to alleviate poverty or initiate recovery from public disasters such as hurricanes, floods, fires, etc. Local fees have been attached to permit issuance, housing development, commercial development, and taxes that have been attached to property, gas, resorts, and food/beverage.

There have been an increasing number of jurisdictions that are considering developing dedicated funding source(s) that could be used to finance the recommendations in its 10-year strategies. Two local jurisdictions have recently noted dedicated sources of funding in their 10-year strategies. The City of Pasadena committed to identifying "a dedicated stream of funding that can be used to help finance the recommendations in (its) report" as stated in its recently completed plan.

The City of Long Beach is considering a recommendation in their 10-year plan to collect between one-half percent (.5%) and one percent (1%) tax on the sale of food and beverages to help fund their strategy to end homelessness. The recommendation is based upon a national best practices model from Miami-Dade County, Florida where the Board of County Commissioners established a one-percent food and beverage tax dedicated to homeless purposes that is administered by a County Homeless Trust. Established in 1993, the County Homeless Trust has collected over \$97 million dollars in food and beverage tax proceeds which they have combined with over \$250 million in federal, state and private sector funding to implement their community Homeless Plan that has resulted in a 70% reduction in their homeless population over the last ten years.

In summary, the Working Group recommends that the local interagency coordinating body identify potential dedicated source(s) of funding to help finance the recommendations in this report.

## **VII. COST BENEFITS OF RECOMMENDATIONS**

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The strategy also provides a cost benefit analysis that primarily reveals three things: 1) the "hidden costs" of chronic homelessness; 2) the "hidden costs" of "last minute" homeless prevention efforts; and 3) cost-offset opportunities.

## 1. "HIDDEN COSTS" OF CHRONIC HOMELESSNESS

Increasing evidence reveals that reducing chronic homelessness also results in significant reductions in ambulance fees, arrests, court costs, emergency room visits, health clinic visits, hospital admissions, incarcerations, and substance abuse treatment.<sup>12</sup> Conversely, increases in the number of chronic homeless persons and/or the amount of time persons remain chronically homeless often results in frequent use of costly local public resources such as the criminal justice and health care systems by chronically homeless persons.

Costly local public resources are needed by local residents including homeless persons. Studies have revealed, however, that frequent use of local public resources by chronic homeless persons is not only costly but ineffective in ending their chronic homeless experience.<sup>13</sup> In other words, for example, their immediate health care need may be met, but their homeless experience persists. As the studies note, tens of thousands of dollars and in some cases hundreds of thousands of dollars are often spent on each chronic homeless person annually, while at the end of the year most of them, if not all, are still homeless.

## 2. "HIDDEN COSTS" OF "LAST MINUTE" HOMELESS PREVENTION EFFORTS

Anecdotal information suggests that social service providers generally do not help households at risk of becoming homeless until the day before or the day after such households become homeless. Thus, these households often remain hidden until it is too late to help them remain in their homes.

Once a household becomes homeless it generally costs thousands of dollars to help them gain housing once again. The longer households remain on the streets the fewer resources they are able to maintain such as adequate clothing, education, employment, food, health care, etc. Households often turn to drop-in centers and/or shelters. However, this experience tends to have adverse affects on children and their parents the longer they use these services.

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<sup>12</sup>"Emerging Research on the Costs of Homelessness," Dennis P. Culhane, University of Pennsylvania, n.d.

<sup>13</sup>"In the Cities: G2B2G Communities Conduct Cost-Benefit Studies, in United States Interagency Council on Homelessness e-Newsletter, January 6, 2006.

### 3. COST-OFFSET OPPORTUNITIES

#### **Chronic Homelessness**

The studies noted above have concluded that it is less expensive to provide permanent supportive housing to chronically homeless persons than to continue to provide them services while they live on the streets year after year. Permanent supportive housing allows service providers to provide on-site and off-site services to help chronic homeless persons maintain their housing. Service provision often results in chronic homeless persons receiving a source(s) of income to pay a portion of their rent. In addition, their reliance on costly local public services is reduced because they are better able to take care of their health. In addition, their housing reduces incidences of arrest related to their lack of housing.

#### **Households At Risk of Becoming Homeless**

Helping households maintain their housing is less costly and more effective than helping households obtain housing after they become homeless. Once a household becomes homeless it generally costs thousands of dollars or more to help them gain housing once again depending on how long they remain homeless. It generally costs hundreds of dollars or less to provide them with the supplemental resources needed to maintain their housing while they seek additional resources to stay housed.

# SUMMARY OF RECOMMENDATIONS

The recommendations noted in the Executive Summary are described in more detail in this section and also fall within the three (3) activities that were shaped by the “guiding principles” outlined in Appendix A.

## **A. PREVENTING NEW EPISODES OF HOMELESSNESS**

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### **Recommendation #1: Homeless Prevention**

- implement a county-wide homeless prevention strategy designed to prevent at least half (50%) of the 7,000 households that become homeless each year from becoming homeless during the first five (5) years of implementation of this plan.

The Working Group concluded that there is a continuous cycle of homelessness each year during which large numbers of persons exit homelessness only to be replaced by a large number of other persons who lose their housing and become homeless. This cycle involves approximately 7,000 households consisting of about 20,000 adults and children who become homeless annually. These residents can be divided into two (2) groups for a given year:

- a) 10% or 2,000 residents who are mostly single individuals and who will be homeless for the whole year and are likely to be chronically homeless;
- b) 90% or 18,000 residents (6,000 households) who will not remain homeless for the whole year because of the combined efforts and resources of these residents and homeless service providers that helped them obtain housing.

The Working Group, however, also concluded that 18,000 more persons (6,000 households) will become homeless during the following 12 months and replace those who are no longer homeless as part of a continuous cycle of homelessness. As a result, the Working Group recommends that a county-wide homeless prevention program be implemented that will prevent at least half (50%) of the 6,000 households who become homeless each year from becoming homeless during the first five (5) years of implementation of this strategy.

The Working Group recommends that a coordinated/collaborative homeless prevention strategy be developed and implemented to address the diverse needs of each supervisorial district. The group further recommends that community-based services be based on "best practices models" such as "one-stop access centers."

Households at risk of becoming homeless will be eligible to receive a wide-range of supplemental resources available "under one roof" in order to maintain their housing. Prior to receiving resources, an intake and assessment will be completed that will verify eligibility and identify the needs of each household. Households must be residents of the jurisdiction

Six thousand households (6,000) will become homeless during the following 12 months and replace those who are no longer homeless as part of a continuous cycle of homelessness.

in which the program is operating, show proof of residency, and proof of low income status. In addition, recipients may be required to work with a case manager on a long-term basis.

### **Recommendation #2: Discharge Planning**

- establish county-wide protocols and procedures to prevent people from being discharged from public and private institutions of care into homelessness that will help decrease the number of persons being discharged into homelessness by at least 10% annually.

Federal research has established that a significant portion of the national homeless population includes individuals who are discharged from public and private institutions of care into situations that immediately result in homelessness.<sup>14</sup> Such institutions include health care facilities, psychiatric care facilities, corrections programs and institutions, and the foster care system. The federal McKinney-Vento Act requires that any governmental agency receiving funding may not receive HUD McKinney funds unless they develop and implement, to the extent practicable, policies for persons leaving publicly funded institutions or systems of care to prevent persons from being discharged immediately into homelessness.

<sup>14</sup>"Evaluability Assessment of Discharge Planning and the Prevention of Homelessness: Full Report," U. S. Department of Health and Human Services, September, 2005.

Communities across the country have established new protocols and procedures in their 10-year plans to prevent people from being discharged from public and private institutions into homelessness. In 2004, the Housing and Homeless Coalition for Riverside County adopted a “zero tolerance policy” resolution concerning persons being released or discharged from publicly funded institutional programs into homelessness. The resolution requested that the Board of Supervisors initiate a countywide jurisdictional planning process involving the appropriate directors, managers and policy makers in order to establish strategies to develop and implement a zero tolerance discharge policy for County institutions of care.

The Working Group recommends that the local interagency coordinating body called for in this plan take on the charge of establishing strategies to improve coordination among publicly and privately funded institutions of care and local service agencies in the County of Riverside. This effort will contribute to the initial goal of reducing homelessness within the County by 50% during the first five (5) years of the strategy’s implementation.

## **B. ENDING CHRONIC AND EPISODIC HOMELESSNESS**

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### **Recommendation #3: Street Outreach**

- expand street outreach programs throughout the County that bring social services directly to chronically homeless persons in a more “assertive” way in order to 1) decrease the number of chronic homeless individuals each year by at least 10% and 2) help prevent additional persons from living on the streets for one (1) year or more during the first five (5) years of implementation of the strategy.

Chronically homeless persons are often the most visible and easily identifiable homeless individuals in a community. They primarily reside in public or private places not meant for human habitation such as cars, parks, river bottoms, parking lots, abandoned properties, etc. Chronic homeless persons are often the hardest-to-reach and most-difficult-to-serve of all homeless sub-populations and they have been generally unable or unwilling to participate in traditional supportive services. In addition, such persons often are the “hardest-to-reach” because their homeless situation is often compounded by severe mental illness, substance abuse and/or health care problems, including non-compliance with prescribed medications. The later contributes to their inability and/or unwillingness to access or participate in traditional housing or supportive services. As a result, such persons often become “chronically homeless” as defined by HUD.

Therefore, because chronic homeless persons have complex needs and resistance to homeless services, a comprehensive and flexible array of specialized services and related supportive efforts must be readily available to assist them through an assertive street outreach program. Street outreach programs serve as a “portal of entry” for severely mentally ill and other chronically homeless individuals to move beyond their homeless situation and into the continuum of care. Services are provided in an assertive, yet non-intrusive, low demand approach by staff in order to re-engage chronically homeless persons with needed treatment and services.

**Guiding Principle: The longer a person lives on the streets the greater the likelihood that the problems that caused and/or prolong their homeless experience will intensify.**

There is consensus among jurisdictions nationwide that the deployment of street outreach teams are a crucial step in connecting chronically homeless persons living on the street to necessary supportive services and housing. Two models of outreach are generally being promoted as best practice approaches: 1) an “assertive community treatment” outreach model, and 2) a facility-based “in-reach” model. The main component of these models is the development of a coordinated approach to effectively engage the target population involving multidisciplinary teams of practitioners working together to:

- 1) locate people on the streets and in facilities;
- 2) establish relationships;
- 3) assess their situation and service needs; and
- 4) link them to appropriate supportive services.

Linkage to supportive services goes beyond mere referral and the provision of transportation to clients. Outreach staff personally help link clients to, and navigate through, the local continuum of care system and work with case management staff of local service providers to construct and implement an appropriate coordinated case management plan designed to help clients exit life on the streets and obtain permanent housing opportunities.

**Recommendation #4: Shelter Beds**

- create 150 additional shelter beds throughout the County for individuals living on the streets and encourage participation in a case management plan during the first five (5) years of implementation of the strategy.

The recommendation for 150 additional shelter beds is based on the number of persons who were counted as homeless in the County on January 24, 2007 which was approximately 4,500 persons. Of these persons, 2,700 or more than half (60%) were unsheltered single adults.

Of the approximately 2,700 unsheltered single adults living on the streets on a given day, approximately half (50%) or 1,350 persons are single individuals who are chronically homeless.<sup>15</sup> Recommendations concerning these persons are outlined above under Recommendation #3 which also notes that chronically homeless persons are more responsive to interventions and social services support while living in permanent supportive housing, rather than while living in temporary shelters.

The other half (1,350) of unsheltered single adults living on the streets are not chronically homeless and are often in need of shelter in order to obtain permanent affordable housing instead of permanent supportive housing. These persons have a wide-range of social service needs and a wide-range of case management services that are needed in order to meet their needs such as domestic violence recovery, education, employment, health care, mental health care, substance

**Guiding Principle: implementing a "rapid exit" strategy that focuses on early identification and resolution of shelter resident's "barriers to housing" and providing case management facilitates their return to permanent housing.**

abuse, and veteran services. They also need time to establish the resources (e.g., credit history, move-in costs, employment stability) necessary to obtain and maintain permanent housing.

<sup>15</sup>This percentage is based upon the fact that approximately 50% of unsheltered individuals on a given day in Los Angeles County, Long Beach, Riverside County, and Pasadena are chronically homeless.

As a result, the Working Group has determined that 150 additional shelter beds are needed for residents who should be required to develop a case management plan with a case manager as a condition to admission. The average length of stay in shelters has been about 90 days which means that 150 persons per every 90 days or 600 persons annually could receive the necessary services to move from shelter to permanent affordable housing. This will reduce the number of unsheltered single adults living on the streets who are not chronically homeless by nearly half (50%) within a year after the beds were established.

**Recommendation #5: Transitional Housing**

- create 75 additional transitional housing units consisting of 225 beds to serve families who are living on the streets and encourage participation in a case management plan during the first five (5) years of implementation of the strategy.

The Working Group also recognizes that transitional housing programs have been very effective in helping families end their homeless experiences. On a given day, approximately 120 families are in transitional housing programs throughout the County. During the same day, however, around 300 families are living on the streets or in motels and are in need of transitional housing.<sup>16</sup>

**Guiding Principle: families need longer periods of residency than the average shelter residency of 90 days in order to establish the resources to obtain and maintain permanent housing**

As defined by HUD, transitional housing should allow residents to stay up to two (2) years and have access to on-site and/or off-site social services such as employment, health care, housing placement, mental health care, substance abuse, and veteran benefits. Their service needs should be coordinated with case manager(s) and among agency providers.

In addition, they need time to establish the resources (e.g., credit history, move-in costs, employment stability) necessary to obtain and maintain permanent housing.

Implementing a “rapid exit” strategy that focuses on early identification and resolution of transitional housing resident’s “barriers to housing” and along with case management facilitates their return to

<sup>16</sup>Statistics were taken from “Homeless Population and Subpopulations” and “Housing Inventory Charts” tables of the “County of Riverside 2006 Continuum of Care Application.”

permanent housing. The Working Group believes that an average length of stay of six (6) months could be an adequate period of time for families to obtain permanent affordable housing. Thus, 75 additional transitional housing units would serve 150 families during the course of a year and reduce the number of families living on the streets or in motels by 50%.

#### **Recommendation #6: Permanent Supportive Housing**

- create at least 500 beds or units of permanent supportive housing for chronic homeless persons during the first five (5) years of implementation of the strategy.

The Working Group has determined that chronically homeless persons are more responsive to interventions and social services while living in permanent supportive housing, than when living in temporary shelters. A large majority of the chronically homeless are mentally ill persons who are the "most visible" and "hardest-to-reach" because of their severe mental illness is often compounded by substance abuse and health care problems including non-compliance with prescribed medications. These conditions contribute to their inability and/or unwillingness to access or participate in emergency shelters and other similar programs with other persons.

Permanent supportive housing is for residents in need of on-site and/or off-site social services such as health care, mental health care, and substance abuse treatment. Also, these services should be coordinated with case manager(s) and among agency providers. There are approximately 2,700 persons living on the streets on a given day and approximately half (50%) or 1,350 persons are single individuals who are chronically homeless and in need of permanent supportive housing.

Thus, the Working Group recommends that at least 500 beds or units of permanent supportive housing be developed for chronic homeless persons in order to reduce the number of chronic homeless by nearly half during the first five (5) years of implementation of the strategy. Permanent supportive housing often include units within multi-family residences such as apartment buildings or Single Room Occupancy (SRO) complexes and bedrooms within group living facilities such as sober living homes.

#### **Recommendation #7: Permanent Affordable Housing**

- develop 1,500 units of permanent affordable housing for extremely low, very low, and low-income families and individuals during the first five (5) years of the implementation of this strategy.

The Working Group recommends that 1,500 units of permanent affordable housing be developed for low-income families and individuals during the first five years of the strategy's implementation. About half of the units should be for individuals that could benefit from single-room occupancy housing. The other half would be for families in need of multiple bedroom units. New sources of funding for development are noted in the following two (2) recommendations.

#### **Recommendation #8: Homeless Management Information System**

- engage full participation from all homeless prevention, emergency shelter, transitional housing, permanent support housing, and related supportive service programs in the County of Riverside Homeless Management Information System during the first five (5) years of implementation of the strategy.

The County of Riverside has committed to ensuring that 75% of all emergency shelter, transitional housing, and permanent support housing beds/units will be included in its Homeless Management Information System (HMIS) by the end of 2008. This commitment was made to the U.S. Department of Housing and Urban Development (HUD) through the County's 2006 Continuum of Care Application that was submitted to HUD in May, 2006.

HMIS, which was initiated in 2004, is a networked computerized record-keeping system that allows homeless service providers to collect uniform client information over time. The system enables providers to collectively perform a number of activities that include: 1) decreasing duplicative intakes and assessments; 2) streamlining referrals; 3) coordinating case management; 4) tracking client outcomes; and 5) preparing financial and programmatic reports for funders. Data gathered through HMIS also helps with future program planning and evaluation. Shared information assists service providers with trends and outcomes. Outcome measurements help programs determine the merit of specific interventions and modify case management programming accordingly.

Client information is accessible via the Internet and provides authorized users access to the data significantly increasing response time to service requests. Such information is integrated into an overall case management plan. As clients move along, so does their information. For instance, if a client is placed in an emergency shelter, the client's information is available to emergency shelter staff. If a client is placed in transitional housing or permanent supportive housing after leaving emergency shelter, information sharing through HMIS continues and allows transitional housing or permanent supportive housing staff to continue to implement and improve the current case management plan of the client.

Currently, about 45% of all emergency shelter beds, 30% of all transitional housing beds, and 20% of all permanent supportive housing beds are participating in HMIS. The Working Group recommends that efforts be made to ensure that 75% of all emergency shelter, transitional housing, and permanent support housing beds participate in HMIS by the end of 2008. The Working Group also recommends full participation of all homeless prevention and related supportive service programs in the County of Riverside Homeless Management Information System.

### **Recommendation #9: Mainstream Resources**

- create a streamlined benefits application system featuring a single application process for multiple programs in order to expedite enrollment and access to available resources for homeless and at risk to homeless individuals and families during the first two (2) years of implementation of the strategy.

Local and national studies reveal that less than one-third (33%) of homeless and at risk of becoming homeless persons receive "mainstream resources" which consists of federal and state government assisted benefit programs.<sup>17</sup> Such programs receive several hundred billion dollars each year appropriated by Congress for mainstream assistance programs. These resources provide low-income persons (including individuals and families who are homeless) with payments and supportive services for needs such as food, health care, housing, job training, and nutrition services.

The data noted above reveals that only a limited number of chronic homeless persons access mainstream benefit programs such as: Food Stamps, Medicaid, Social Security Disability Income (SSDI); Supplemental Security Income (SSI); and Veteran's Benefits. In order to reverse this development, case managers need to ensure that chronic homeless persons successfully obtain the benefits for which they are eligible. While some chronic homeless persons may have already attempted to access some of the resources for which they are eligible, they often have failed to follow through with documentation and other responsibilities required for securing benefits.

Creating a streamlined benefits application system featuring a single application process for multiple programs in order to expedite enrollment and access to available resources for homeless and at risk of becoming homeless individuals and families would increase the number of homeless

<sup>17</sup>"Ending Chronic Homelessness: Strategies for Action," U. S. Department of Health and Human Services, March 2003, pgs. 10 -19; "County of Riverside 2004/2005 Homeless Assessment," Institute for Urban Research and Development, pgs. 24 – 27.

persons receiving mainstream resources. Often homeless persons are eligible to receive multiple mainstream resources and a single application process would enhance their opportunity to receive multiple mainstream resources for themselves and, if applicable, family members.

The Working Group is also recommending that case managers need to make sure that chronic homeless persons enroll, obtain, and maintain mainstream resources. They need to work with chronic homeless persons to successfully obtain benefits by making sure that they make necessary appointments and have adequate transportation. They also need to make sure chronic homeless persons bring all proper documentation (including helping clients obtain necessary documentation if needed) and help them complete written applications either by assisting them with filling out the application or following up with staff of the mainstream resource program. Case managers also need to make certain that chronic homeless persons follow through with any other necessary requirements before and after obtaining mainstream resources.

In addition, one or more members of at risk of becoming homeless households may not be receiving mainstream resources though they are eligible to do so. For example, an individual with a severe disability may be eligible to receive Social Security Disability Insurance or parents with children may be eligible to receive Temporary Assistance for Needy Families. Often, these benefits are supplemented by food and health care assistance. The county-wide homeless prevention program noted in Recommendation #3 should provide resources to help at risk households to obtain and maintain mainstream resources.

## **D. DEVELOPING RESOURCES TO COMBAT HOMELESSNESS**

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The Working Group recommends that 1,500 units of permanent affordable housing be developed for low-income families and individuals during the first five years of the strategy's implementation. About half of the units should be for individuals that could benefit from single-room occupancy housing. The other half would be for families that would be in need of multiple bedroom units. New sources of funding for development are noted in the following two (2) recommendations.

### **Recommendation #10: Housing Trust Fund**

- create a Housing Trust Fund that receives an ongoing dedicated source(s) of public funding to support 1) production and preservation of affordable housing including housing for extremely low, very low, and low income households; 2) homeless prevention activities; and 3) ancillary supportive services during the first year of implementation of the strategy.

There are at least six (6) counties within the State of California that have created housing trust funds.<sup>18</sup> Their funds are received through an ongoing dedicated source(s) of public funding to support the production and preservation of affordable housing. The public source of funding is usually committed through legislation or ordinance.

The Working Group recommends that these funds be used for a variety of purposes including, but not limited to:

- producing affordable housing including permanent supportive housing;
- preserving affordable housing through maintenance and repairs;
- supporting homebuyer assistance through down payment and mortgage assistance and interest subsidies;
- providing safety net housing which includes increasing emergency shelter and transitional housing beds;
- assisting nonprofit housing developers with pre-development funds;
- granting "matching" funds that other public or private resources may require;
- encouraging projects to serve low income households by giving priority status to projects serving low income households;
- favoring projects that provide at least 30 years of long-term affordability by giving priority status to projects providing 30 years of long-term affordability; and
- encouraging projects to provide units accessible to those with disabilities and meet the requirements of the Americans with Disabilities Act (ADA) and applicable local laws by giving priority status to projects providing accessible units.

### **Recommendation #11: Inclusionary Housing Practices**

- encourage Riverside County and local jurisdictions to explore inclusionary housing practices that promote housing creation with incentives such as zoning bonuses, expedited permits, reduced fees, cash subsidies, or other enticements for developers who build affordable housing for homeless individuals and families.

<sup>18</sup>See the Center for Community Change web site <http://www.communitychange.org/issues/housingtrustfunds> for a list of jurisdictions that have created housing trust funds.

Inclusionary housing has created over 34,000 affordable homes and apartments in California over the past 30 years. Currently, there are more than 100 cities and counties in California that have adopted an inclusionary housing policy which represents nearly a 50 percent increase since 1994. There are no jurisdictions, however, in the County of Riverside that have adopted an inclusionary housing policy.<sup>19</sup>

The Working Group believes an inclusionary housing policy helps to produce new, quality affordable housing units. The policy also allows for affordable units to be integrated into market rate developments creating inclusive communities. The Working Group also believes that integrated developments give lower-income families the opportunity to benefit from the amenities of newer neighborhoods—schools, parks, stability and security—where new developments are often built. Such a policy also helps overcome one of the greatest barriers to better housing opportunities for lower-income families—opposition to the construction of affordable housing.

Other benefits from an inclusionary housing policy include:

- producing affordable “workforce” housing for middle income workers;
- supporting the creation of mixed income communities;
- preventing rising prices from driving out low and moderate income residents; and
- leveraging the expertise and capacity of the private market to develop affordable housing.

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<sup>19</sup>“Inclusionary Housing in California: 30 Years of Innovation,” California Coalition for Rural Housing, 2003, p. 2.

# SUMMARY OF NEXT STEPS

A summary of next steps evolve around three (3) primary actions that include:

- A. Implementing the Recommendations;
- B. Communicating the Recommendations; and
- C. Funding the Recommendations.

## **A. IMPLEMENTING THE RECOMMENDATIONS**

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### **Role of Local Coordinating Bodies**

In order to ensure that the recommendations and related activities are implemented, coordinated, and evaluated, the Working Group recommends that the Board of Supervisors request the partnership of existing interagency bodies best positioned to carry out these responsibilities. Given the geographic diversity of Riverside County it may be necessary to divide these responsibilities among two bodies – one serving the eastern region and the other the western region.

For example, in the eastern county, the Board may choose to explore a partnership with the Coachella Valley Association of Governments (CVAG). CVAG provides staff and maintains a standing committee (Homelessness Committee) charged with planning for and responding to the needs of local homeless people. This interagency committee is comprised of electeds and staff from the County and jurisdictional Cities, homeless service providers, advocates and members of the Region D Continuum of Care planning body.

The precedent for this recommendation begins with the passing of the Stewart B. McKinney Homeless Assistance Act (now known as the McKinney-Vento Homeless Assistance Act) in 1987 which consisted of the U.S. Congress establishing the Interagency Council on Homelessness as part of the Domestic Policy Council of the White House to coordinate the Federal response to homelessness. In 2002, President Bush charged the Council with developing new strategies to better coordinate the nation's response to homelessness, including as the first priority, the President's goal of eliminating chronic homelessness by 2012.

The Council has begun to meet its mandate by improving the coordination of the activities of federal agencies involved in assisting homeless families and individuals and to concentrate more effort into

the prevention of homelessness. Understanding that homelessness is affected by factors that cut across Federal agencies, including housing costs, job readiness, education, substance abuse, and mental health, the Council is made up of the heads of 18 federal agencies including the secretaries of Agriculture, Commerce, Defense, Education, Energy, Health and Human Services, Homeland Security, Housing and Urban Development, Interior, Labor, Transportation, and Veterans Affairs along with the Attorney General and other agency leaders.

The mission of the U.S. Interagency Council on Homelessness is to coordinate the federal response to homelessness and to create a national partnership at every level of government and every element of the private sector to reduce and end homelessness in the nation. The Council is responsible for planning and coordinating the Federal government's activities and programs to assist homeless people and making or recommending policy changes to improve such assistance. The Council works to improve access to, and coordination of, federal investments among its Council member departments and to ensure the effectiveness of federal activities and programs. The Council also provides technical assistance and evidence-based best practice information to partners at every level of government, as well as the private sector including replicating the Interagency Council model at the state and local government levels.

### **HOUSING AND HOMELESS COALITION FOR RIVERSIDE COUNTY**

The Working Group recommends that the Housing and Homeless Coalition for Riverside County play a key role in ensuring that the recommendations and related activities are implemented, coordinated, and evaluated. The Housing and Homeless Coalition for Riverside County (Coalition) has served as the body responsible for coordinating the continuum of care planning process in Riverside County since 1995. The Coalition is comprised of representatives from several dozen public and private agencies, local governments, and community residents including homeless and formerly homeless individuals that are committed to facilitating a well-coordinated Continuum of Care planning process throughout the County. The mission of the Coalition is to assess the need for homeless and affordable housing services and to develop and recommend a continuum of care plan for the County on behalf of at risk and homeless individuals and families.

The Housing and Homeless Coalition for Riverside County (Coalition) has served as the body responsible for coordinating the continuum of care planning process in Riverside County since 1995. The Coalition is comprised of representatives from several dozen public and private agencies, local governments, and community residents including homeless and formerly homeless individuals that are committed to facilitating a well-coordinated Continuum of Care planning process throughout

the County. The mission of the Coalition is to assess the need for homeless and affordable housing services and to develop and recommend a continuum of care plan for the County on behalf of at risk and homeless individuals and families.

The Coalition represents a community-based approach focused on actively planning, developing, and implementing a community-wide strategy designed to address the service and housing needs of the county's homeless population. A central function of the Coalition has been to coordinate the annual planning and implementation process designed to meet the required goals, objectives, and activities required by HUD in order to be competitive nationally for Continuum of Care Homeless Assistance funding awarded annually under the HUD SuperNOFA process. HUD required goals, objectives, and activities coordinated by the Coalition have included:

1. ensuring that there is a wide-range of public and private agency representatives including homeless and formerly homeless persons actively involved in the Coalition's plenary and committee meetings;
2. implementing a planning process to develop a strategy to end homelessness (specifically targeting chronic homelessness);
3. identifying unmet need in the county's continuum of care system and develop and prioritize services to fill gaps;
4. implementing and evaluating a discharge planning policy for persons leaving publicly funded institutions or systems of care in order to prevent the discharge of persons from immediately resulting in homelessness;
5. implementing a plan to ensure that all homeless persons are individually assisted to identify, apply for, and obtain benefits under mainstream health and social services programs;
6. conducting a point-in-time count of sheltered and unsheltered homeless persons at-least every two-years;
7. conducting a survey among sheltered and unsheltered homeless persons that includes questions about employment, housing needs, health care, mental health care, substance abuse, etc. at least every three-years;
8. implementing a homeless management information system; and
9. identifying current barriers and issues surrounding housing affordability and recommend solutions to current barriers limiting the production of affordable housing including supportive housing.

The central focus of the Coalition during the last year has been the development of the goals and strategies recommended in this plan. In order to ensure continuity and on-going focus concerning the implementation of this plan, the Working Group recommends that the Board of Supervisors appoint the Housing and Homeless Coalition for Riverside County as an advisory body to the local interagency coordinating body. The Working Group further recommends that the elected Co-Chairs of the Coalition's four (4) regional bodies serve as standing members of the local interagency coordinating body.

### **ROLE OF FAITH COMMUNITY**

The faith community has a history of providing resources to homeless families and individuals. Past efforts have included providing emergency assistance, shelter, transitional housing, and affordable housing. Resources have included donations of non-financial gifts, financial gifts, and in-kind services through volunteers. Thus, the Working Group recommends identifying and supporting coordinating bodies within regions throughout the county whose purpose would be to enlist local support from the faith community in order to help implement the goals and recommendations in this report.

Coordinating bodies would consist of members of various religious traditions who would meet on an on-going basis. Their charge would be to focus efforts and resources to help implement the goals and recommendations in this report. For example, Recommendation #3, which is a county-wide homeless prevention strategy designed to reduce the number of households who become homeless by half during the first five (5) years of implementation of this strategy, is in need of a wide-range of supplemental resources in order to prevent households from becoming homeless. The coordinating bodies could help members of the faith community focus on providing such resources.

Other recommendations in this report concern programs and activities that have long been supported by members of the faith community. Such programs and activities can be found in recommendations 4, 5, 6, and 7. Coordinating bodies would help ensure that these recommendations would be made known to the faith community to encourage them to provide, or continue to provide, their resources towards these recommendations.

## **ROLE OF PRIVATE ENTERPRISE**

The Working Group recommends that efforts would be made to make private enterprise aware of the goals and recommendations in this report in order to increase involvement and funding support from private enterprise that will be used to implement the goals and recommendations in this report.

Involvement such as in-kind services and funding should be directed towards staffing, administration, and/or direct services for new programs such as the homeless prevention program. In-kind services or funding should also be directed towards staffing, administration, and/or direct services for existing emergency shelter and transitional housing programs.

## **B. COMMUNICATING THE RECOMMENDATIONS**

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The Working Group believes that community involvement has to be further fostered in order to meet the two initial goals of this strategy which is 1) to reduce homelessness within the County by 50% during the first five (5) years of implementation of this strategy and 2) to successfully carry out the recommendations in this report. To date, community involvement has consisted of the efforts of many representatives from a wide-range of community groups that have included:

- Businesses;
- Coalitions and Committees;
- Community Service Clubs;
- Corporations;
- Educational Institutions;
- Faith-Based Agencies;
- Financial Institutions
- For-Profit Organizations;
- Housing Developers;
- Local Government;
- Neighborhood Associations;
- Non-Profit Organizations; and
- Private Foundations.

In order to further community involvement the Working Group is proposing the implementation of an education campaign to make the community aware of the findings, guiding principles, goals, and recommendations of this report. The Working Group also recommends that an education campaign that includes a speaker's bureau be implemented to make the community aware of the findings, guiding principles, goals, and recommendations of this report.

## **FINDINGS**

It is important that the community know the extent of homelessness within the county. As noted in this report, there are approximately 4,500 adults and children who are homeless on a given day throughout the county and about 20,000 who experience homelessness annually. In addition, there are thousands of households who are at risk of becoming homeless throughout the year. The Working Group believes that knowing the extent of the problem will help generate more community support towards solving homelessness.

It is also important that the community know that there is a continuous cycle of homelessness. There are large numbers of persons who exit homelessness each year thanks to the resources and social service efforts of many local organizations and individuals. These persons, however, are replaced by a large number of other persons who lose their housing and become homeless. This cycle involves approximately 7,000 households consisting of about 20,000 adults and children who become homeless annually. The Working Group believes that knowing the extent of the problem will help generate more community support towards solving the problem of at risk of becoming homeless and in particular towards the homeless prevention program which is a key component to ending homelessness throughout the county.

## **GUIDING PRINCIPLES**

The guiding principles used in this report were formulated from the actions of other jurisdictions throughout the country that enabled them to reduce homelessness within their communities. As a result, the Working Group came up with recommendations that take an overall different approach to ending homelessness within the county than in past years. The committee believes educating the public about this overall approach will result in greater community participation toward ending local homelessness.

## **GOALS**

The initial goal of this report is to reduce homelessness within the county by 50% during the first five (5) years of implementation of this strategy. The Working Group recommends that this initial goal should be promoted throughout the county in order to encourage support from a wide-range of community stakeholders including businesses, community service groups, corporations, faith-based agencies, for-profit agencies, local government, neighborhood groups, non-profit organizations, and private foundations.

## **RECOMMENDATIONS**

The community should be made aware of the recommendations of this report. The recommendations provide the County with an opportunity to break a continuous cycle of homelessness that has left thousands of households homeless each year and hundreds of persons living on the streets incessantly year after year. Public awareness often generates public support which will ensure that the recommendations and related activities are implemented successfully.

In summary, the Working Group is recommending that community involvement be further fostered by coordinating an effective communication strategy about the findings, guiding principles, goals, and recommendations of this report. The committee believes that the most effective way of communicating the strategy to the public is through a "speakers group." This group would consist of individuals who are familiar with the strategy and its recommendations and who would present this report to local groups. Local groups would be identified by community stakeholders such as elected officials, businesses, community service groups, faith-based organizations, and non-profit agencies.

## **C. FUNDING THE RECOMMENDATIONS**

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The Working Group recommends implementing a funding strategy that would expand on existing resources presently used for the provision of homeless services in the County and provide the necessary resources to carry out the recommendations made in this report. This funding strategy would include, but not be limited to, a) private foundation grants; b) public agency grants; and c) dedicated sources of funding.

## PRIVATE FOUNDATION GRANTS

The Working Group recommends that eligible non-profit organizations apply for funding from private foundations for one or more of the recommendations in this report. Those recommendations in this plan that have historically fallen within the priority areas of private foundations include:

- Homeless Prevention Activities;
- Institutional Capacity Building for Affordable Housing Developers;
- Case Management for Permanent Supportive Housing;
- Street Outreach Services;
- Emergency Shelter Services;
- Transitional Housing Services; and
- Community Advocacy and Education.

## PUBLIC AGENCY GRANTS

The Working Group recommends that local government departments and non-profit agencies work together to continue to apply for, or begin to apply for, funding from the following sources of revenue (a list of specific funding programs for each of the sources of revenue below is listed in Appendix B):

### **Federal:**

- i) HUD Homeless Assistance Programs;
- ii) Department of Health and Human Services;
- iii) Veterans Administration; and
- iv) Federal Emergency Management Agency.

### **State:**

- i) Department of Aging;
- ii) Department of Community Services and Development;
- iii) Department of Education;
- iv) Department of Health Services;
- v) Department of Housing and Community Development;

- vi) Department of Mental Health;
- vii) Department of Social Services;
- viii) Department of Veteran Affairs;
- ix) Employment Development Department;
- x) Health and Human Services Agency;
- xi) Housing Finance Agency;
- xii) Office of Criminal Justice Planning; and
- xiii) State Treasurer's Office.

### **DEDICATED SOURCES OF FUNDING**

The purpose of this recommendation is to identify various dedicated funding source(s) that could be used to finance the recommendations in this report. Historically, a wide-range of local fees and taxes have been identified and/or implemented to alleviate poverty or initiate recovery from public disasters such as hurricanes, floods, fires, etc. Local fees have been attached to permit issuance, housing development, commercial development, and taxes that have been attached to property, gas, resorts, and food/beverage.

There have been an increasing number of jurisdictions that are considering developing dedicated funding source(s) that could be used to finance the recommendations in its 10-year strategies. Two local jurisdictions have recently noted dedicated sources of funding in their 10-year strategies. The City of Pasadena committed to identifying "a dedicated stream of funding that can be used to help finance the recommendations in (its) report" as stated in its recently completed plan.

The City of Long Beach is considering a recommendation in their 10-year plan to collect between one-half percent (.5%) and one percent (1%) tax on the sale of food and beverages to help fund their strategy to end homelessness. The recommendation is based upon a national best practices model from Miami-Dade County, Florida where the Board of County Commissioners established a one-percent food and beverage tax dedicated to homeless purposes and administered by a County Homeless Trust. Established in 1993, the County Homeless Trust has collected over \$97 million dollars in food and beverage tax proceeds which they have combined with over \$250 million in federal, state and private sector funding to implement their community Homeless Plan that has resulted in a 70% reduction in their homeless population over the last ten years.

In summary, the Working Group recommends that the local interagency coordinating body identify potential dedicated source(s) of funding to help finance the recommendations in this report.

## **D. DETERMINING THE COSTS OF RECOMMENDATIONS**

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The strategy also provides a cost benefit analysis that primarily reveals three things: 1) the “hidden costs” of chronic homelessness; 2) the “hidden costs” of “last minute” homeless prevention efforts; and 3) cost-offset opportunities.

### **1. “HIDDEN COSTS” OF CHRONIC HOMELESSNESS**

Increasing evidence reveals that reducing chronic homelessness also results in significant reductions in ambulance fees, arrests, court costs, emergency room visits, health clinic visits, hospital admissions, incarcerations, and substance abuse treatment.<sup>20</sup> Conversely, increases in the number of chronic homeless persons and/or the amount of time persons remain chronically homeless often results in frequent use of costly local public resources such as the criminal justice and health care systems by chronically homeless persons.

Costly local public resources are needed by local residents including homeless persons. Studies have revealed, however, that frequent use of local public resources by chronic homeless persons is not only costly but ineffective in ending their chronic homeless experience.<sup>21</sup> In other words, for example, their immediate health care need may be met, but their homeless experience persists. As the studies note, tens of thousands of dollars and in some cases hundreds of thousands of dollars are often spent on each chronic homeless person annually, while at the end of the year most of them, if not all, are still homeless.

### **2. “HIDDEN COSTS” OF “LAST MINUTE” HOMELESS PREVENTION EFFORTS**

Anecdotal information suggests that social service providers generally do not help households at risk of becoming homeless until the day before or the day after such households become homeless. Thus, these households often remain hidden until it is too late to help them remain in their homes.

<sup>20</sup>“Emerging Research on the Costs of Homelessness,” Dennis P. Culhane, University of Pennsylvania, n.d.

<sup>21</sup>“In the Cities: G2B2G Communities Conduct Cost-Benefit Studies, in United States Interagency Council on Homelessness e-Newsletter, January 6, 2006.

Once a household becomes homeless it generally costs thousands of dollars to help them gain housing once again. The longer households remain on the streets the fewer resources they are able to maintain such as adequate clothing, education, employment, food, health care, etc. Households often turn to drop-in centers and/or shelters. However, this experience tends to have adverse affects on children and their parents the longer they use these services.

### **3. COST-OFFSET OPPORTUNITIES**

#### **Chronic Homelessness**

The studies noted above have concluded that it is less expensive to provide permanent supportive housing to chronically homeless persons than to continue to provide them services while they live on the streets year after year. Permanent supportive housing allows service providers to provide on-site and off-site services to help chronic homeless persons maintain their housing. Service provision often results in chronic homeless persons receiving a source(s) on income to pay a portion of their rent. In addition, their reliance on costly local public services is reduced because they are better able to take care of their health. In addition, their housing reduces incidences of arrest related to their lack of housing.

#### **Households At Risk of Becoming Homeless**

Helping households maintain their housing is less costly and more effective than helping households obtain housing after they become homeless. Once a household becomes homeless it generally costs thousands of dollars or more to help them gain housing once again depending on how long they remain homeless. It generally costs hundreds of dollars or less to provide them with the supplemental resources needed to maintain their housing while they seek additional resources to stay house.

# APPENDIX A

## List of Guiding Principles

The Working Group's recommendations were influenced by certain facts or "guiding principles" that are based upon local and national social service experiences and supported by recent local and national studies concerning homelessness. The guiding principles, and related homeless service and housing activities, fall under the first two (2) primary activities that frame this report and are as follows:

### **A. PREVENTING NEW EPISODES OF HOMELESSNESS**

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#### **HOMELESS PREVENTION**

1. helping households maintain their housing is less costly and more effective than helping households obtain housing after they become homeless;
2. preventing persons from being discharged from public and private systems of care (e.g., hospitals, jails, foster care) into homelessness by implementing discharge protocols and procedures is less costly and more effective than helping individuals obtain services and housing after becoming homeless;

### **B. ENDING CHRONIC AND EPISODIC HOMELESSNESS**

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#### **BASIC EMERGENCY SERVICES**

3. redirecting basic emergency services and activities such as distributing food and clothing in parks to residential and non-residential homeless programs is a more effective way of helping people end their homeless experience;

#### **STREET OUTREACH**

4. understanding that the longer a person lives on the streets the greater the likelihood that the problems that caused and/or prolong their homeless experience will intensify;
5. bringing social services directly to chronically homeless mentally ill persons living on the streets is a more effective way of providing treatment than initially bringing these same persons to the services;

### **CASE MANAGEMENT**

6. recognizing that homeless persons have a wide-range of social service needs and that a wide-range of case management services including domestic violence, education, employment, health care, mental health care, substance abuse, and veteran benefits is needed in order to meet their needs;
7. centralizing non-residential program-based case management services linked to housing options within a "one-stop" location is a more effective means of service provision than having homeless persons navigate various services throughout cities and the county;

### **EMERGENCY SHELTER**

8. allowing homeless persons to stay in shelters on an on-going basis without a case management plan is costly and often does not help them acquire the skills and resources necessary to obtain and maintain permanent housing and live self-sufficiently;
9. permitting lengthy stays in mass shelters have adverse affects on children and their parents;
10. implementing a "rapid exit" strategy that focuses on early identification and resolution of resident's "housing barriers" and providing the case management and other assistance necessary facilitates their return to permanent housing;

### **TRANSITIONAL HOUSING**

11. acknowledging that families and individuals with disabilities need longer periods of residency (up to two (2) years) than the average shelter residency of 90 days in order to establish the resources (e.g., credit history, move-in costs, employment stability) to obtain and maintain permanent housing;

### **PERMANENT SUPPORTIVE HOUSING**

12. recognizing that at least one-third of homeless individuals 1) have a permanent disability; 2) are unemployable; and 3) need on-going supportive services.

**PERMANENT AFFORDABLE HOUSING**

13. acknowledging that households should not spend more than 30% of their monthly income on their basic housing needs which includes rent/mortgage and utilities;
14. understanding that persons residing in shelters and transitional housing programs should receive sufficient case management services and complete a case management plan before moving into housing and receive follow-up care for at least one (1) year.

# APPENDIX B

## List of Public Funding Sources and Programs

### I. FEDERAL FUNDING SOURCES AND PROGRAMS

#### HUD HOMELESS ASSISTANCE PROGRAMS

HUD administers five targeted programs that can be used to fund the development, operation, and supportive services of emergency, transitional, and permanent housing for people who are homeless. Descriptions of these funding sources follow.

- **Emergency Shelter Grants** are formula grants to states and local governments for the purpose of providing emergency and transitional housing, and are coordinated through the Consolidated Plan, a 5-year comprehensive housing plan required of communities to access HUD housing resources.
- **Supportive Housing Program (SHP), Shelter Plus Care (S+C), and Section 8 Moderate Rehabilitation Single Room Occupancy (SRO)** program funds are awarded through an annual competition that requires communities to engage in a coordinated strategic planning process and to submit a comprehensive Continuum of Care plan to address homelessness.
- SHP funds may be used for the development and operation of transitional and permanent housing, and for supportive services;
- S+C funds may be used to provide rental assistance for permanent housing, with required matching funds for supportive services;
- Section 8 SRO funds can be used for rental assistance in single-room-occupancy dwellings.

HUD also administers Housing for People who are Homeless and Addicted to Alcohol.

- Approximately 10 two-year grants are expected to be awarded under a new \$10 million Housing for People who are Homeless and Addicted to Alcohol initiative created by Congress in PL 108-7. This initiative is designed to provide supportive housing assistance to chronically homeless persons who have been living on the streets for at least 365 days over the last five years and have a long term addiction to alcohol (serial inebriates). To be eligible for assistance under this program, clients must be living on the streets at the time of initial contact and will have no history of living in transitional or permanent housing over the last five years. Grantees will be

expected to partner with local law enforcement, court systems and other relevant institutions to identify eligible clients for the program. To be eligible for funding consideration, a project must be located within a Continuum of Care that has at least 100 people who are chronically homeless and unsheltered as reported by the Continuum of Care or a recent official count.

In addition, there are other HUD programs that are designed to expand affordable housing opportunities for low-income people or people with disabilities, including those who are homeless.

- **Public Housing** is developed, owned, and managed by public housing agencies (PHAs) under contract with HUD. HUD provides a subsidy to cover operating and management costs of the units, and tenants generally pay 30 percent of their incomes toward rent. PHAs are allowed to establish local preferences for income targets and tenant selection and must submit a 5-year plan that outlines these preferences and demonstrates their consistency with the local needs and strategies identified in the consolidated plan;
- **The Housing Choice Voucher Program**, formerly referred to as the Section 8 program, is the largest Federal program targeted to very low-income households, including people with disabilities (TAC, 2002). Administered through state or local PHAs, the program offers four types of assistance: tenant-based rental assistance; project-based rental assistance; homeownership assistance; and down payment assistance. Tenant-based assistance is the most common form, offering subsidies that allow tenants to pay 30 percent of their income toward housing costs in a unit of their choice;
- **The Home Investment Partnerships program (HOME)** is specifically designed to expand the supply of affordable housing for low and very low-income people. Program funds are controlled through the consolidated plan and awarded via formula grant to states and local jurisdictions. Partnerships among government and nonprofit organizations and private industry are required to develop and manage safe, decent, affordable housing. Funds may be used for homeownership, rental housing production, and tenant-based rental assistance, and are easily combined with funds from HUD's Homeless Assistance Programs;
- **Housing Opportunities for Persons with AIDS (HOPWA)** supports the provision of both housing and services for people with HIV or AIDS. Funds are awarded by block grant to states and large metropolitan areas and can be used for a variety of activities, including housing information and coordination assistance; acquisition, rehabilitation, and leasing of property; rental assistance; operating costs; supportive services; and technical assistance (TAC, 1999);

- **Community Development Block Grants (CDBG)** are formula grants to states and to “entitlement communities” (as defined by HUD) to provide decent housing and suitable living environments for moderate and low-income people. CDBG funds also are controlled through the consolidated plan and can be used for housing rehabilitation or construction, including shelters and transitional housing facilities, and for supportive services such as counseling, employment, and health care;
- **The Section 811 Supportive Housing for Persons with Disabilities Program** awards funds competitively to community based nonprofit organizations to develop and operate supportive housing for people with disabilities. Funds may be used for new construction, rehabilitation, or acquisition; for project-based rental assistance; and for supportive services to address the health, mental health, or other needs of people with disabilities.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Department of Health and Human Services (HHS) administers three programs specifically designed to meet the needs of people who are homeless and who may have serious mental health and/or substance use disorders.

- **The Health Care for the Homeless (HCH)** program, administered by the Health Resources and Services Administration, awards grants to community-based organizations—including community health centers, local health departments, hospitals, and nonprofit community coalitions—to improve access to primary health care, mental health services, and substance abuse treatment. HCH funds support the provision of primary health care, substance abuse treatment, outreach, case management, provision of or referral to mental health services, and assistance in obtaining housing and entitlements (HRSA BPHC, 2001);
- **The Projects for Assistance in Transition from Homelessness (PATH)** program, administered by SAMHSA’s CMHS, awards formula grants to states and territories to support community-based services for people with serious mental illnesses and/or substance use disorders who are homeless or at risk of homelessness. PATH funds can be used to support a range of services, including outreach, screening and assessment, case management, mental health services, and substance abuse treatment, provision of or linkage to supportive services, and a limited set of housing services;
- **The Grants for the Benefit of Homeless Individuals (GBHI)** program, administered by SAMHSA’s Center for Substance Abuse Treatment, provides funds to develop and expand mental health and substance abuse treatment services for people who are homeless. Grants are awarded to

local public and nonprofit agencies to provide either substance abuse services, mental health services, or both, allowing communities the flexibility to provide the services they believe to be the most urgent.

HHS also administers a number of mainstream resource programs, for which homeless people may be eligible, that also can be used to provide services and supports.

- **Community Mental Health Services Block Grant** funds are formula grants to states and territories to create comprehensive, community-based systems of care for adults with serious mental illnesses and children with severe emotional disturbances. Funds are used at the discretion of states to provide services such as health, mental health, rehabilitation, employment, housing, and other supportive services. Most states provide services specific to adults with serious mental illnesses who are homeless. In some cases, states have used block grant funds to provide services in supportive housing. Mental health block grant funds also may be used to provide services for individuals with substance use disorders within certain guidelines;
- **Substance Abuse Prevention and Treatment Block Grants** also are formula grants to states and territories, in this case, to fund alcohol prevention and treatment activities, prevention and treatment related to other drugs, and primary prevention programs. All individuals who have alcohol or substance use problems are eligible for services, including people who are homeless, or persons with co-occurring substance use disorders;
- **Community Health Centers**, supported by discretionary project grants, provide preventive and primary care services to medically underserved populations; many have specific programs designed to serve individuals who are homeless;
- **Community Services Block Grants** are formula grants to states to support a range of services designed to address poverty and to promote self-sufficiency among low-income members of communities, including those who are homeless;
- **Social Services Block Grants**, also formula grants to states, can be used to support a range of services to prevent, reduce, and eliminate dependency and increase self-sufficiency among community residents.

## VETERANS ADMINISTRATION

The Veterans Administration (VA) administers several programs that specifically meet the needs of veterans with mental illnesses and/or substance use disorders that are homeless.

- **The Domiciliary Care for Homeless Veterans** program provides funds to VA medical centers to support the delivery of health, mental health, substance abuse, and other social services in residential treatment settings for veterans who are homeless;
- **The Homeless Chronically Mentally Ill Veterans program** supports mental health services, substance abuse treatment, case management, and other rehabilitative services in community-based residential treatment settings for veterans with chronic mental illnesses who are homeless;
- **The Health Care for Homeless Veterans program** supports outreach and assessment, treatment, case management, and referral to community-based residential care for veterans with serious mental illnesses and substance use disorders who are homeless;
- **The HUD-VA Supported Housing program**, administered jointly with HUD, provides permanent supportive housing and treatment for veterans with serious mental illnesses and substance use disorders who are homeless;
- **Urban Homeless Veterans' Reintegration Program (HVRP)** are intended to address two objectives: (1) to provide services to assist in reintegrating homeless veterans into meaningful employment within the labor force, and (2) to stimulate the development of effective service delivery systems that will address the complex problems facing homeless veterans. Successful applicants will design programs that assist eligible veterans by providing job placement services, job training, counseling, supportive services, and other assistance to expedite the reintegration of homeless veterans into the labor force.

## FEDERAL EMERGENCY MANAGEMENT AGENCY

The Federal Emergency Management Agency (FEMA) administers the Emergency Food and Shelter Program.

## EMERGENCY FOOD AND SHELTER PROGRAM

The Emergency Food and Shelter Program was created in 1983 to supplement the work of local social service organizations within the United States, both private and governmental, to help people in need of emergency assistance. Such assistance primarily includes funding for food and shelter.

## **II. STATE FUNDING SOURCES AND PROGRAMS**

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State government administers many of the Federal programs mentioned above. They can either provide services themselves or can contract with local providers to offer services with these funds. In addition, the state uses its own resources for programs specifically designed to meet the housing and support service needs of people who are homeless. Funding sources and programs include:

### **DEPARTMENT OF AGING**

- Utilizes a combination of state and federal funds for several local programs that serve persons who are, or are at risk of becoming, homeless, including legal services to assist in fighting evictions and help for low-income and disabled seniors in obtaining cash assistance;
- Funds local information and referral services targeted to seniors that provide referrals to emergency shelter.

### **DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT**

- Community Service Block Grant Funds—Provides funds used by many local community action agencies to provide emergency shelter and other types of emergency services for the homeless.

### **DEPARTMENT OF EDUCATION**

- Adult Education for the Homeless Program—Provides financial assistance to educational agencies for the purpose of implementing a program of literacy training and basic skills remediation for homeless adults. Program emphases include literacy improvement, self-esteem enhancement, job and education placement, increased education aspirations, and increased competency-based life skills. Services include, but are not limited to, assistance with food and shelter, alcohol and drug abuse counseling, individual and group mental health counseling, health care, child care, case management, job skills training, employment training, and job placement.

### **DEPARTMENT OF HEALTH SERVICES**

- Food, Shelter, Incentives, and Enablers Program (FSIE)—Funds are available to all local health jurisdictions for the provision of shelter and other services for persons with suspected or confirmed tuberculosis who are or are at risk of becoming homeless. Additional outreach,

assessment, and emergency housing allotments are made available through State TB Control Local Assistance Subvention Funds;

- Women, Infants, and Children (WIC)—Provides food packages to homeless women and children on a monthly basis, as well as referrals to other needed services.

## DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

- Emergency Housing and Assistance Program Operating Facility Grants—The purpose of the grant is to provide facility operating grants for emergency shelters, transitional housing projects, and supportive services for homeless individuals and families. Eligible Activities include providing direct client housing, including facility operations and administration, residential rent assistance, leasing or renting rooms for provision of temporary shelter, capital development activities of up to \$20,000 per site, and administration of the award (limited to 5 percent);
- Emergency Housing and Assistance Program Capital Development—The purpose of this source of funding is to fund capital development activities for emergency shelters, transitional housing, and safe havens that provide shelter and supportive services for homeless individuals and families. Eligible activities include acquiring, constructing, converting, expanding and/or rehabilitating emergency shelter, transitional housing, and/or safe haven housing and administration of the award (limited to 5 percent);
- **Proposition 1C, Housing Emergency Shelter Trust Fund Act of 2006**, was approved by voters in November 2006. This measure authorized the State to sell \$2.85 billion of general obligation bonds to fund 13 new and existing housing and development programs. The funds will assist eligible projects to build affordable and accessible housing for individuals with lower incomes, including people with developmental disabilities, in their communities over the next ten years.
- **Federal Emergency Shelter Grant Program (FESG)**—Allocates federal funds for homeless services to local governments and non-profits in small cities and counties. Eligible uses of FESG funds include homeless prevention, outreach, emergency shelter/transitional housing operations, and facility renovation, conversion, or major rehabilitation. In 2001, FESG funds provided 1,226,955 Person Shelter Days;
- **Multifamily Housing Program (MHP)**—Finances the development of affordable permanent rental and transitional housing. Over 30 percent of the units it assists are reserved for extremely low-income households. Since its creation in 1999, MHP has produced 3,279 units of

permanently affordable housing, of which 531 are designated for persons who are homeless or at risk of homelessness, including emancipated foster youth and persons with chronic mental illness.

## DEPARTMENT OF MENTAL HEALTH

- **Program for Assistance in Transition from Homelessness (PATH)**—In partnership with the federal government, administers funds to provide treatment services to persons with serious mental illness who are homeless or at imminent risk of becoming homeless. Twenty percent of PATH funds may be used to assist clients in obtaining or retaining housing;
- **Mentally Ill Offender Crime Reduction (MIOCR) Grant Program**—Provides funding to support the implementation and evaluation of locally developed demonstration projects designed to curb recidivism and reduce crime, jail crowding, and criminal justice costs associated with adult offenders with mental illness. Funds are granted to counties on a competitive basis based upon service needs identified in the Local Plan. Local Plans summarize existing services and identify needs for a cost-effective continuum of graduated responses, including prevention, intervention, and incarceration for mentally ill offenders who often are homeless or at risk of homelessness;
- **Supportive Housing Initiative Act (SHIA)**—Operated in partnership to provide grants to local governments and private non-profit organizations to provide permanent housing with support services to low-income homeless individuals and families with disabilities, including mental illness, HIV/AIDS, substance abuse, developmental disabilities, and other chronic health conditions. Requires that the services assist the tenant in retaining their housing, improving their health status, and maximizing their ability to live and work in the community;
- **The Integrated Services for Homeless Adults with Serious Mental Illness (AB 2034) program** addresses the mental health, housing and vocational needs of adults, 18 years and older, who have serious mental illness and face homelessness, incarceration, or hospitalization. A comprehensive array of services including outreach, supportive housing and other housing assistance, employment, substance abuse, and mental and physical healthcare including medications;
- **The Mental Health Services Act (Proposition 63)** known as the Mental Health Services Act, will fund community mental health programs with voluntary outreach, access to medicines, and a variety of support services for children and adults with mental disorders. The initiative uses a model of integrated, recovery-based services, which includes outreach, medical care,

short and long-term housing, prescription drugs, vocational training, and self-help and social rehabilitation. The measure's proponents believe that these programs will produce hundreds of millions in savings by reducing hospitalizations and incarcerations.

#### DEPARTMENT OF SOCIAL SERVICES

- **CalWORKs-Cash Assistance and Welfare-to-Work Program**—Provides temporary cash assistance to low-income families to assist in meeting their basic needs, including monthly housing costs. CalWORKs families also receive a variety of work support services to help them become employed and steadily increase their income so that they can achieve self-sufficiency;
- **The Transitional Housing Placement Program (THPP)**—Serves children who are in out-of-home placements under the supervision of their county department of social services or their county probation department and who are actively participating in an independent living program (ILP). While each county has its own policies, all applicants must meet certain minimum criteria. As participants, foster/probation youth prepare for emancipation by learning to live independently under the close supervision and support of their caseworker, ILP coordinator, and foster care agency. Twenty-four counties have approved THPP programs;
- **SSI/SSP**—Federal Supplemental Security Income combined with the State Supplemental Payment is the primary source of income for many aged, blind, and disabled individuals in California who are unable to work at the level necessary to sustain themselves and to provide independently for their daily needs. The state provides SSP to assist individuals in paying for basic necessities such as food and housing. In the absence of such supports, many of these recipients would be homeless.

#### DEPARTMENT OF VETERANS AFFAIRS

- **Stand Downs**—Typically one- to three-day events that provide services to homeless veterans such as food, shelter, clothing, health screenings, benefits counseling, and referrals to a variety of other necessary services such as housing, employment, and substance abuse treatment. Stand Downs are organized by community-based veteran service organizations with cooperation from the Department of Veterans Affairs and a variety of other state, federal, private, and non-profit agencies.

## EMPLOYMENT DEVELOPMENT DEPARTMENT

- **Veterans Workforce Investment Program (VWIP)** and Governor's Discretionary WIA 15% Dollars—Provides services to the state's hardest-to-serve/hardest to employ veterans. Many of the veterans served are coping with mental disabilities, recovering from alcohol and drug addiction, homeless, and facing multiple barriers to employment. Of the 20 funded programs, half focus their resources on specifically on homeless veterans.

## GOVERNOR'S INITIATIVE

- The Governor of California is supporting a 65 million initiative for supportive housing units to help the most in need through the Multifamily Housing Program (MHP). The initiative is in collaboration with state agencies, local, government, and the private sector.

## HOUSING FINANCE AGENCY

- **Special Needs Permanent Loan Program**—Provides below-market rate financing to special needs and supportive housing projects. Interest rates are as low as 3% for a project with a mix of special needs and non-disabled residents, and as low as 1% for developments serving a 100% special needs population. Populations for this program are broadly defined to encompass individuals and families eligible for supportive housing programs. CalHFA has issued commitments for 12 projects under this program for a total of 455 units, including 266 special needs units.

## OFFICE OF CRIMINAL JUSTICE PLANNING

- **Homeless Youth Emergency Services Program**—Funds two projects in Los Angeles and San Francisco providing runaway and homeless youth with the basic necessities required to help them leave the streets, including street outreach, crisis intervention, food, access to emergency shelter, follow-up counseling, case management, screening for basic health needs, long-term stabilization planning, and referrals to other public and private agencies;
- **Domestic Violence Assistance Program**—Provides funding to 85 battered women's shelters across the state. Through these shelters, victims can receive 24-hour crisis intervention and assistance with filing police reports, obtaining restraining orders, or seeking medical treatment. Many shelters are now offering transitional housing for women and their children who need additional time moving from a violent environment into a new safe one.

## STATE TREASURER'S OFFICE

- **State and Federal Low Income Housing Tax Credit Program (LIHTC)**—Provides the largest source of rental subsidies for the development of deeply affordable rental housing. Tax credits are frequently used in combination with SHIA funds. Homeless and special needs projects are awarded bonus points in the highly competitive allocation process. LIHTC devotes at least 5 percent of the annual federal tax credit to homeless developments, or about \$25 million annually for ten years. Additionally, some of these projects also are awarded state tax credits. In 2001, \$4.8 million in state credit was awarded to developments serving homeless populations.

## III. LOCAL (COUNTY AND CITY) FUNDING SOURCES AND PROGRAMS

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County governments administer many of the Federal programs mentioned above. They can either provide services themselves or can contract with local providers to offer services with these funds. In addition, many counties use their own resources for programs specifically designed to meet the housing and support service needs of people who are homeless. Funding sources and programs include:

- **Community Development Block Grants (CDBG)** are formula grants to states and to "entitlement communities" (as defined by HUD) to provide decent housing and suitable living environments for moderate and low-income people. CDBG funds also are controlled through the consolidated plan and can be used for housing rehabilitation or construction, including shelters and transitional housing facilities, and for supportive services such as counseling, employment, and health care;
- **Emergency Shelter Grants** are formula grants to states and local governments for the purpose of providing emergency and transitional housing, and are coordinated through the Consolidated Plan, a 5-year comprehensive housing plan required of communities to access HUD housing resources;
- **The Home Investment Partnerships program (HOME)** is specifically designed to expand the supply of affordable housing for low and very low-income people. Program funds are controlled through the consolidated plan and awarded via formula grant to states and local jurisdictions. Partnerships among government and nonprofit organizations and private industry are required to develop and manage safe, decent, affordable housing. Funds may be used for homeownership, rental housing production, and tenant-based rental assistance, and are easily combined with funds from HUD's Homeless Assistance Programs.

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- **The Housing Choice Voucher Program**, formerly referred to as the Section 8 program, is the largest Federal program targeted to very low-income households, including people with disabilities (TAC, 2002). Administered through state or local PHAs, the program offers four types of assistance: tenant-based rental assistance; project-based rental assistance; homeownership assistance; and down payment assistance. Tenant-based assistance is the most common form, offering subsidies that allow tenants to pay 30 percent of their income toward housing costs in a unit of their choice;
- **The Home Investment Partnerships program (HOME)** is specifically designed to expand the supply of affordable housing for low and very low-income people. Program funds are controlled through the consolidated plan and awarded via formula grant to states and local jurisdictions. Partnerships among government and nonprofit organizations and private industry are required to develop and manage safe, decent, affordable housing. Funds may be used for homeownership, rental housing production, and tenant-based rental assistance, and are easily combined with funds from HUD's Homeless Assistance Programs.

# APPENDIX C

## Glossary

**ACT MODEL** – Assertive Community Treatment is a team treatment approach designed to provide comprehensive, case management-based social services to persons living on the streets and after they are placed in permanent housing if necessary. Services include health care, mental health care, substance abuse treatment.

**Affordable Housing** – refers to housing costs that do not exceed 30 percent of the gross annual household income for extremely low, very low, low, and moderate income households. For a rental unit, total housing costs include the monthly rent payment as well as utility costs. With for-sale units, total housing costs include the mortgage payment (principal and interest), utilities, homeowners association dues, taxes, mortgage insurance and any other related assessments.

**Americans with Disability Act** – is a federal civil rights law enacted in 1990. It protects qualified persons with disabilities from discrimination in employment, government services and programs, transportation, public accommodations, and telecommunications. The ADA supplements and complements other federal and state laws which protect persons with disabilities.

**At Risk of Homelessness** – is generally defined as any household that pays more than 30% of its income on basic housing costs that includes rent/mortgage and utilities.

**Chronically Homeless** – A person who is chronically homeless is defined as an unaccompanied individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years.

**CDBG** – The Community Development Block Grant Program (CDBG) was authorized by the Housing and Community Development Act of 1974. CDBG provides eligible metropolitan cities, and urban counties (called “entitlement communities”), and states with annual direct grants to revitalize neighborhoods, expand affordable housing and economic opportunities, and/or improve community facilities and services, principally to benefit low-and moderate-income persons.

**Continuum Of Care System** – The fundamental components of a Continuum of Care system are emergency shelters that offer essential services to ensure that homeless individuals and families receive basic shelter needs; transitional housing with appropriate supportive services to give families the shelter and services they need while they learn the skills necessary to transition to permanent housing; and permanent supportive housing which provides on-site and/or off-site social services to residents.

- also references to a local consortium of agencies that HUD requires be formed by community organizations and stakeholders to apply for and receive HUD funding through the annual competitive process. Members include a majority of a community's or region's non-profit and faith-based homeless service providers, and may also include law enforcement, hospitals, local colleges and universities, local government, churches, etc.

**CSBG** – The Community Service Block Grant program (CSBG) provides States and recognized Indian Tribes with funds to provide a range of services to address the needs of low income individuals to ameliorate the causes and conditions of poverty. The CSBG is administered by the Division of State Assistance in the Office of Community Services (OCS) of the U.S. Department of Health and Human Services.

**Disability** – is defined as a physical or mental impairment that substantially limits one or more major life activities. A person is considered disabled if the person has such a physical or mental impairment, has a record of such an impairment, or is regarded as having such an impairment. "Disability" covers a wide range of conditions and includes mobility, vision, hearing, or speech impairments, learning disabilities, chronic health conditions, emotional illnesses, AIDS, HIV positive, and a history of alcoholism or prior substance abuse.

**Discharge Planning** – refers to actions taken with a homeless person prior to discharge from a public or private system of care to help ensure that the person is not discharged into homelessness.

**Emergency Assistance** – is Assistance that attempts to prevent homelessness or that attempts to meet the emergency needs of homeless individuals and families, including prevention, outreach and assessment, and emergency shelter.

**Emergency Shelter** – refers to short-term shelter (usually for 30 days or less) for emergency situations such as winter shelters and motel vouchers.

**Episodic Homelessness** – is the result of experiencing episodic disruptions in their lives brought about as a result of living in poverty. Episodic homeless persons are individuals or families who are homeless for a short period of time—days, weeks, or months—not a year or more.

**ESG** – (Emergency Shelter Grant) is a federal grant program designed to help improve the quality of existing emergency shelters for the homeless, to make available additional shelters, to meet the costs of operating shelters, to provide essential social services to homeless individuals, and to help prevent homelessness.

**HOME** – is HUD's HOME program provides block grant funds to local governments and states for new construction, rehabilitation, acquisition of affordable housing, assistance to homebuyers, transitional housing and tenant-based rental assistance.

**Homeless** – according to the HUD definition is: (a) an individual or family which lacks a fixed, regular, and adequate nighttime residence; or (b) an individual or family which has a primary nighttime residence that is: (1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for persons with mental illness); (2) an institution that provides a temporary residence for individuals intended to be institutionalized; or (3) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. (4) The term does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a State law. In addition, the HUD definition includes persons who will be discharged from an institution, such as a jail or mental health hospital, within 7 days, yet that person does not have an identified place to live upon discharge.

**Housing First** – A new model of homeless services that involves moving persons directly from the streets and placing them into permanent housing accompanied by intensive services. Initially a research project, this model has been shown to be very effective with persons who are chronically homeless and cost neutral to communities. This model has also been shown to work well with families and young adults who are homeless.

**HUD** – The U.S. Department of Housing and Urban Development, first created in 1937 to respond to the need for housing for every American. The primary areas of focus for HUD include creating opportunities for homeownership; providing housing assistance for low-income persons; working to create, rehabilitate and maintain the nation's affordable housing; enforcing the nation's fair housing laws; helping the homeless; spurring economic growth in distressed neighborhoods; helping local communities meet their development needs.

**Linkage Fee** – is generally a "housing" impact fee that is administered to collect monies from new commercial and industrial development to provide for affordable housing. Linkage fees are premised on the basis that lower-wage workers, who are needed to build and work in new non-residential development, also need to be able to afford adequate housing within the community.

**Lower-income Household** – refers to low-, very low- and extremely low income households as determined annually by the U.S. Department of Housing and Urban Development (HUD).

- **Extremely Low Income:** A household whose gross annual income is equal to or less than 30 percent of the median income for Riverside County;
- **Very Low Income:** A household whose gross annual income is more than 30 percent but does not exceed 50 percent of the median income for Riverside County;
- **Low Income:** A household whose gross income is more than 50 percent but does not exceed 80 percent of the median income for Riverside County.

**Low Income Housing Tax Credits (LIHTC)** – is a way of obtaining financing to develop low-income housing. Government programs provide dollar-for-dollar credit toward taxes owed by the housing owner. These tax credits can be sold, or used to back up bonds that are sold, to obtain financing to develop the housing.

**Mainstream Resources** – refers to federal and state-funded programs generally designed to help low-income individuals either achieve or retain their economic independence and self-sufficiency. Programs provide for housing, food, health care, transportation, and job training.

**Moderate Income** – refers to a household income that is more than 80 percent but does not exceed 120 percent of the median income for the County.

**Medicaid** – is a program that pays for medical assistance for certain individuals and families with low incomes and resources. This program became law in 1965 and is jointly funded by the Federal and State governments to assist States in providing medical long-term care assistance to people who meet certain eligibility criteria. Medicaid is the largest source of funding for medical and health-related services for people with limited income.

**Median Household Income** – divides households into two equal segments with the first half of households earning less than the median household income and the other half earning more. According to HUD, the median household income for Riverside County was \$52,253 in 2005.

**Permanent Supportive Housing** – is permanent housing with services. The type of services depends on the needs of the residents. Services may be short-term, sporadic, or ongoing indefinitely. The housing is affordable and intended to serve persons who have very low incomes.

**Safe Haven** – is a facility that provides shelter and services to hard-to-engage persons who are homeless and have serious mental illness who are on the streets and have been unable or unwilling to participate in supportive services. Safe Havens usually follow a “harm reduction” model of services.

**Shelter** – is temporary housing (up to 90 days) with varying levels of services to help residents obtain and maintain appropriate permanent housing.

**SRO** – Single Room Occupancy refers to housing units that are an affordable housing option for very low income and homeless individuals and are typically single room units with a bed, small refrigerator, and a microwave.

**SSI** – Supplemental Security Income – is a federal income supplement program providing monthly financial payments to persons with disabilities. For most persons on SSI, this is their only source of income, and thus severely limits housing options.

**Supplemental Resources** – consists of a wide-range of resources and services that help households at risk of becoming homeless from becoming homeless.

**Supportive Services** – consists of services such as case management, medical or psychological counseling and supervision, child care, transportation, and job training provided for the purpose of facilitating people's stability and independence.

**Transitional Housing** – Transitional housing is designed to provide housing and appropriate supportive services to homeless persons and families and has the purpose of facilitating the movement of individuals and families to independent living within a time period of no more than two (2) years.

**Wraparound (Supportive) Services** – refers to services that are provided to residents of supportive housing for the purpose of facilitating the independence of residents. Some examples are case management, medical or psychological counseling and supervision, childcare, transportation, and job training.