



CVAG

HOMELESSNESS COMMITTEE AGENDA

**Wednesday, January 16, 2019
10:00 a.m.**

PLEASE NOTE SPECIAL LOCATION

***Palm Desert City Council Chambers*
73-510 Fred Waring Drive
Palm Desert, CA 92260
(760) 346-1127**

**THIS MEETING IS HANDICAPPED ACCESSIBLE.
ACTION MAY RESULT ON ANY ITEMS ON THIS AGENDA.**

1. **CALL TO ORDER** –*Chair Sabby Jonathan, Councilmember, City of Palm Desert*

2. **ROLL CALL**

A. **Member Roster**

3. **PLEDGE OF ALLEGIANCE**

4. **PUBLIC COMMENTS**

This is the time and place for any person wishing to address the Homelessness Committee on items not on the agenda to do so.

5. **CONSENT CALENDAR**

A. **Approve September 24, 2018 Committee Minutes**

6. **DISCUSSION/ACTION**

A. **Collective Impact Collaborative to End Homelessness in the Coachella Valley Presentation**



1. **Keynote Speaker—Barbara A. Poppe, Barbara Poppe & Associates**
2. **Desert Healthcare District Matching Fund Continuation—Cheryll Dahlin**
3. **CVAG Homelessness Committee Next Steps—Tom Kirk and Cheryll Dahlin**

Recommendation: Information

B. **2019 Riverside County Point In Time Count Presentation-Rowena Concepcion, Administrative Services Manager I, Riverside County Department of Public Social Services**

Recommendation: Information

7. **INFORMATION**

1. **Committee Attendance Roster**
2. **CV Housing First: September-December 2018 Report**
3. **Southern California Association of Governments (SCAG) Regional Council and Subcommittee Openings**
4. **Elimination of CVAG's Technical Advisory Committee**
5. **FY 2018-2019 Updated CVAG Meeting Schedule**

8. **ANNOUNCEMENTS**

Upcoming Regularly Scheduled Meetings at CVAG, 73-710 Fred Waring Drive, Palm Desert, Conference Room 119:

Homelessness Committee—Wednesday, February 20, 2019 at 10:00 a.m.

Executive Committee—Monday, February 25, 2019 at 4:30 p.m.

9. **ADJOURNMENT**

#

ITEM 6A

**Coachella Valley Association of Governments
Homelessness Committee
January 16, 2019**



Staff Report

Subject: Collective Impact Collaborative to End Homelessness in the Coachella Valley

Contact: Cheryl Dahlin, Management Analyst (cdahlin@cvag.org)

Recommendation: Information

Background: CVAG and Riverside County Supervisor V. Manuel Perez wanted to express appreciation to the Desert Healthcare District/Foundation for their continued partnership as we work to end homelessness in the Coachella Valley.

The District/Foundation Board again demonstrated their leadership on this issue with the engagement of Barbara Poppe & Associates, and the analysis of homeless services in the Coachella Valley that will be a resource that many agencies can use moving forward. The recent release of "The Path Forward: Recommendations to advance an end to homelessness in the Coachella Valley" revealed the need to bolster homeless services in the Coachella Valley. The community and data-driven report gave achievable recommendations to vastly improve the crisis services in the desert, including support of initiatives brought forward by the CV Housing First initiative that CVAG and the County have spearheaded. The District/Foundation Board's renewal of the matching program at the upcoming January 22, 2019 meeting further highlights the value of collaboration and the Housing First model, thank you.

Barbara Poppe presented to the District/Foundation Board meeting on November 27, 2018. Since many elected officials and other key stakeholders have not heard the presentation, CVAG reached out to Barbara Poppe to ask her to make a presentation to CVAG's Homeless Committee.

Attachments:

1. Barbara Poppe Biography
2. Desert Healthcare District Homelessness Initiative Stakeholders List
3. Letter to Desert Healthcare District
4. "The Path Forward: recommendations to advance the end of homelessness in the Coachella Valley", by Barbara Poppe and Associates at the request of the Desert Healthcare District/Foundation
5. "The Path Forward" Report Appendices

#

Barbara Poppe and associates

The collective for impact

The Path Forward: *recommendations to advance an end to homelessness in the Coachella Valley*

Report to the Board of the Desert Healthcare District and
Desert Healthcare Foundation
November 27, 2018



Author: Barbara Poppe



Barbara Poppe is the founder of [Barbara Poppe and Associates](#) and the former executive director of the United States Interagency Council on Homelessness. During her tenure, [Opening Doors](#), the first comprehensive federal strategic plan to prevent and end homelessness was launched in June 2010. Ms. Poppe is a nationally recognized expert on homelessness and results-driven public-private partnerships. Barbara Poppe and Associates, established in 2014, is an independent consulting firm that develops the capacity of communities and organizations to tackle complex issues using a collaborative systems approach to achieves results and impact.

Ms. Poppe is a frequent national, state, and local speaker on homelessness and serves on the national boards of the [Enterprise Community Partners](#) and the [Siemer Institute for Family Stability](#).

Acknowledgments

I would like to thank Carole Rogers, Lisa Houston, Donna Craig, Alejandro Espinoza, Meghan Kane, Annalisa Wurm, and Chris Christensen, from the Desert Healthcare District for their passion, dedication, and collaboration on this project. Additional thanks to the Core Team members for their guidance and input on the broader community response to homelessness. Thanks also to all the individuals who participated in the stakeholder interviews, for their willingness to share their knowledge and expertise.

Table of Contents

Overview	3
Table 1. Membership of the Core Team	3
Table 2. Summary of recommendations	7
Table 3. Ranked order of recommendations and phasing of implementation	14
Background and data	
Literal homelessness in the Coachella Valley	15
Crisis Response in Coachella Valley	21
Public investment in Coachella Valley	23
Comparison of Riverside County to Peer Communities	29
Recommendations	
Pillar One: Community Engagement and Leadership	
1: Establish the Coachella Valley Collaborative to End Homelessness	30
Pillar Two: Improve Cross-Sector Responses	
2: Implement an enhanced Health Home Program to prevent homelessness and assist homeless individuals to exit more quickly to stable housing with services	37
3: Establish an early childhood and school-based collaborative for homelessness prevention programs to stabilize the most vulnerable children and families	40
Pillar Three: Improve Crisis Response	
4: Scale up diversion assistance or “ assisted rapid resolution ” (problem-solving with access to flexible financial assistance) across the Coachella Valley	43
5: Establish a true, collaborative crisis response system to provide a more comprehensive response to homelessness across the Coachella Valley	46
Pillar Four: Increase Exits to Housing and Services	
6: Increase access to affordable rental housing by preserving existing housing options and establishing a coordinated and collaborative landlord recruitment initiative.	55
7: Align Rapid Rehousing funding and programs with <u>best practices</u> approach, including progressive engagement, scale up as needed	57
8: Scale up Permanent Supportive Housing (PSH) that uses <u>best practices</u> approach and expand access to housing with services in other settings	62
Moving Forward	66
Appendix 1: Glossary of Definitions and Terms	
Appendix 2: Coachella Valley Unsheltered Count, 2018 Point in Time by community	See
Appendix 3: Summary of Residential Homeless Assistance Programs Located in the Coachella Valley	separate
Appendix 4: Sample performance metrics	document
Appendix 5: Guidance on Process to Expand Crisis Housing for Single Adults and Couples	

Overview

In July 2018, the Desert Healthcare District (DHCD) contracted with Barbara Poppe and Associates to convene a community planning effort to make homelessness rare, brief and non-recurring in the Coachella Valley. Homelessness is a community issue and must be addressed by multi-sector efforts involving the entire community. It is an issue that can only be solved by working together, focusing on the needs of the family and individual, and implementing proven best practices to foster a path to economic and housing stability for each family and individual.

This project has been informed by the Coachella Valley Association of Government (CVAG) Homelessness Committee. CVAG members are all government entities including cities, DHCD, Tribes and Riverside County. The Homelessness Committee has open meetings that have provided an opportunity for nonprofit and faith-based organizations to attend and participate in the dialogue. Recently, CVAG members jointly funded a new approach to addressing homelessness through the CVAG Housing First RFP. The Homelessness Committee also recognized the need for a more comprehensive and collaborative plan to address homelessness in the Coachella Valley. DHCD, a member of the Homelessness Committee, concurred.

The Board of Directors of the Desert Healthcare District/Foundation has stepped up with a Core Community Focus Area of Homelessness. In response to the closure of Roy’s Desert Resource Homeless Shelter, and recognizing the Valley’s homelessness crisis, the DHCD Board created a \$2 million collective fund, in which short term, medium and long-term strategies are being developed that will help resolve the challenges in the existing system of care and create a healthier regional community. Supporting rapid re-housing with wrap around services through the CVAG’s Coachella Valley Housing First was the first implementation of the District’s/Foundation’s Coachella Valley Homelessness Initiative Collective Fund and short-term strategy.

The board also recognized the need for a homelessness consultant to better guide the District/Foundation in determining and developing long term measurable outcomes and strategies for the community focus area priority of homelessness. Thus, the engagement of Barbara Poppe and Associates.

The Core Team, under the leadership of Desert Health Care District (DHCD), guided the Barbara Poppe and Associates (BPA) consultation to develop recommendations for “Strategic actions to reduce homelessness in the Coachella Valley.” Based on the input received from participating organizations and individuals in a series of focus groups and planning sessions, and the analysis of local data, reports, and evaluations (compiled in a companion report “Homelessness in the Coachella Valley”), Barbara Poppe recommended four (4) areas of focus which were endorsed by the Core Team. These are the pillars of this plan:

1. Engage Community and Align Leadership,
2. Improve Cross-Sector Responses,
3. Improve Crisis Response, and
4. Expand Permanent Housing Options

Each pillar provides an umbrella for suggested strategies to address homelessness in the Coachella Valley.

Project Core Team

Linda Barrack, Martha’s Village and Kitchen
 Cheryl Dahlin, CVAG
 Linda Evans, Tenet Healthcare and City Council of La Quinta
 Lisa Houston and staff, Desert Healthcare District (DHCD)
 Sabby Jonathan, City Council of Palm Desert
 Damien O’Farrell, Path of Life Ministries
 Greg Rodriguez, Riverside County 4th District Supervisor
 Carole Rogers, DHCD Board Member
 Mike Walsh, Riverside County Housing Authority

Riverside County Action Plan to End Homelessness

Recently, Riverside County launched the **Executive Oversight Committee on Homelessness (EOCH)** and an action plan¹ to address homelessness by applying evidence-based strategies and best practices to effectively meet the needs of specific geographic areas and sub-populations. The action plan focuses on three primary goals for addressing homelessness:

Goal 1 – Prevent homelessness among individuals and families at-risk of becoming homeless.

Design and implement a coordinated prevention system to provide limited cash assistance, a wide range of free or low-cost supportive services, and/or supplies to those most likely to become homeless.

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

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

<http://dps.co.riverside.ca.us/files/pdf/homeless/hl-county-plan-v8-recommendations-011618.pdf>

The following section includes recommendations within each of the pillars, which have been further developed in partnership with the Core Team, Service Providers and Key Stakeholders. Eight (8) recommendations (outlined below) will build upon the strong foundation that existing programs and providers have built over the past years which are responsible for the progress to date. By focusing new investment in these focus areas, progress on reducing homelessness will be accelerated. The four pillar framework will also provide the flexibility to adjust the collective community response to homelessness over time.

For planning purposes, resources for Veterans have not been included in the projections as generally there are sufficient resources for Veterans that are provided by Federal and State resources when combined with existing Veteran dedicated resources. The Core Team worked closely with Riverside County across the term of planning to work to align with the Executive Oversight Committee on Homelessness, the Riverside County Continuum of Care, the departments that address homelessness, and the new Riverside County Action Plan to End Homelessness (see text box above). The provision of data, participation on the Core Team, and reviewing early drafts of the report were invaluable contributions to this work.

What does ending homelessness mean?

An end to homelessness means that every community will have a comprehensive response in place that ensures homelessness is prevented whenever possible, or if it can't be prevented, it is a rare, brief, and one-time experience.

Specifically, every community will have the capacity to:

- Quickly identify and engage people at risk of and experiencing homelessness.
- Intervene to prevent people from losing their housing and divert people from entering the homelessness services system.
- Provide people with immediate access to shelter and crisis services without barriers to entry if homelessness does occur.
- Quickly connect people experiencing homelessness to housing assistance and services tailored to their unique needs and strengths to help them achieve and maintain stable housing.

U.S. Interagency Council on Homelessness

These recommendations are intended to address the most pressing gaps and priorities in the response to homelessness across Coachella Valley. The recommendations contained within will not meet all the existing and future needs, thus, there will continue to

be gaps in services for some populations. But significant progress can be advanced to build a Coachella Valley response toward ending homelessness (see text box).

This report describes a robust set of interventions that prioritize these priorities:

- 1) **Reduce unsheltered homelessness.** This is critical since there are increasing numbers of people who are experiencing unsheltered homelessness within the Coachella Valley
- 2) **Increase the “throughput” from literal homelessness to stable housing.** Both a humane response and provides greater efficiencies for existing emergency responses through turning over temporary shelter capacity to enable more persons who are experiencing unsheltered homelessness to be served.
- 3) **Address the needs of the most vulnerable young children who are precariously housed and at imminent risk of literal homelessness.**

These recommendations describe investment priorities, key strategic policy shifts, opportunities to advocate with local partners for system improvements, and the need for boldness and urgency in making these shifts in investment and policy.

The keys to successfully reducing unsheltered homelessness and improving “throughput” will be:



First, **focus crisis services** on those families and individuals who are unsheltered or at imminent risk of being unsheltered. Offer every homeless family and individual diversion assistance and if it is not feasible to help the family or individual avoid unsheltered homelessness, provide an offer of crisis housing that is low barrier and housing focused.



Second, **focus housing resources** on those families and individuals who need more than crisis services to exit homelessness. Prioritize for housing interventions those families and individuals who have the longest histories of homelessness and highest housing barriers and rapidly connect them to a viable housing option.



Third, **develop a cross-sector systems** approach for Coachella Valley that is client-centered, has a relentless focus on housing placement, is grounded in Housing First practices, supports a disciplined use of “By Name Lists”, breaks down silos to reduce fragmentation, uses data for planning and funding decisions, aligns funding and actions and leverages mainstream resources and funding.

Addressing homelessness in the context of the rising rents and growing rental unit shortage in the Coachella Valley for households with low incomes will be especially challenging unless the community comes together to address this cross-cutting regional need. Households who work at lower wage jobs or live on fixed incomes, especially those at or below thirty percent of the area median income, are at greatest risk of homelessness. The shortage of units that are affordable and the rapid growth in rents creates cascading issues for the homelessness response system – increasing flow into homelessness, increasing the time it takes for a household to exit homelessness, and increasing the costs associated with both preventing and ending homelessness.

It is beyond the scope of this report to recommend how the Coachella Valley should solve its affordable rental housing crisis. However, the organizations involved in addressing homelessness should inform the greater community effort about the affordable housing crisis and how it causes homelessness. A significant ally in this work can be Lift to



Rise, a Coachella Valley research and action partnership advancing a future where all CV families are healthy, stable, and thriving, and it includes addressing the affordable housing crisis as a primary goal. **Elected leaders, working in partnership with the civic, business, philanthropic, faith and nonprofit sectors, must tackle and solve the affordable rental housing crisis.**

The recommendations described in this report, if adopted and funded, will enable the Coachella Valley to accelerate progress over the next few years. Based on the evaluation and success of implementation of these priorities, DHCD with its partners, should adjust and expand activities to achieve the larger vision that homelessness is rare, brief and non-recurring.

For each recommendation (Table 2 below), the report provides a description of the component, the intended population to benefit, the rationale for the recommendation, and suggested partners. See Appendix 1 for the Glossary of Definitions and Terms.

Table 2 Summary of recommendations organized by pillar. See Appendix 1 for a glossary of definitions and terms.

#	Description	Rationale	Population ¹
Pillar One: Community Engagement and Leadership			
1	<p>Establish the Coachella Valley Collaborative to End Homelessness in partnership with the CVAG Homeless Committee, the Riverside County Executive Office and the Riverside Continuum of Care:</p> <ul style="list-style-type: none"> ▪ create a shared agenda and clear, measurable goals, ▪ align and enhance funding from public, philanthropic, and private sources, ▪ establish CV-specific data and performance management plan, ▪ support the CVAG homelessness committee and its member organizations, ▪ align with the County of Riverside strategic plan to address homelessness and inform the CoC, ▪ promote community awareness and education about the problem of and solutions to homelessness in CV, publicize how to help, and raise new funding, ▪ organize a funders collaborative that includes current and potential local public and philanthropic investors, and ▪ implement the recommendations contained in this report. 	<p>In order to achieve progress, a <u>collective impact</u> approach is recommended since this has worked in other communities.</p> <p>The data performance plan can build off the HMIS and be supplemented by other available data sets.</p> <p>Additional funding will need to be raised to support the implementation of the strategic action plan.</p>	All
Pillar Two: Improve Cross-Sector Responses			
2	<p>Implement an enhanced Health Homes Program to prevent homelessness and assist homeless individuals to exit more quickly to stable housing with services. Include a focus on individuals who also have interactions with other public systems (police, courts, child welfare, etc.) and may experience or be at risk for chronic homelessness.</p>	<p>There is tremendous opportunity to leverage the HHP which will begin being implemented in January 2019. This could also help the hospitals comply with state discharge planning requirements.</p>	Individuals who meet criteria for HHP ²

¹ All populations include: families with children, single adults, couples, youth and young adults, survivors of domestic and interpersonal violence, Veterans, and chronically homeless.

² Medi-Cal beneficiaries with multiple chronic conditions who are frequent utilizers and may benefit from enhanced care management and coordination

<p>Establish an early childhood and school-based collaborative for homelessness prevention programs to stabilize the most vulnerable children and families.</p> <ul style="list-style-type: none"> ▪ The purpose of the collaborative would be to identify, link, and coordinate services and programs to stabilize the most vulnerable children and families. ▪ This can focus on children who are identified as homeless by early childhood programs and school systems and may also intersect with domestic violence services and child welfare. ▪ Initially the collaborative should improve awareness of available resources, identify ways to reduce duplication and better fill gaps, and create a more holistic community response. ▪ The collaborative may elect to undertake pilot projects. 	<p>Given the limited resources and extremely high number of impacted children, this can be a first step to share ideas, develop more coordinated responses, and provide training on rapid problem solving related for housing crises.</p>	<p>Families with children</p>
<p>Pillar Three: Improve Crisis Response</p>		
<p>Scale up diversion assistance³ or “assisted rapid resolution” (problem-solving with access to flexible financial assistance) across the Coachella Valley</p>	<p>Diversion is the most effective and cost-efficient way to address homelessness and has achieved remarkable success in many communities and states.</p>	<p>All</p>
<p>Inventory currently available resources for diversion and prevention assistance. Determine level of additional funding needed.</p> <ul style="list-style-type: none"> ▪ Raise the flexible funds necessary to expand diversion in meaningful way. ▪ Create a simple description of diversion to use with public communications (i.e. elevator speech). ▪ Identify organizations that can serve as access points to assisted rapid resolution services for families and individuals who are unsheltered or at imminent risk of being unsheltered. ▪ Organize cross-agency training on best practices for all outreach, shelter, and crisis response staff who provide direct assistance. 		

³ Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. This term is used interchangeably with “assisted rapid resolution” throughout this report.

<ul style="list-style-type: none"> ▪ Develop procedures to support administration of centralized diversion assistance funding. ▪ Add staff capacity for assisted rapid resolution services, as needed, at direct service organizations that receive a high volume of referrals for homeless assistance. ▪ Advocate with Riverside County CoC to align its diversion approach with proven practices for assisted rapid resolution. 	<p>Without a system, provider actions will be generally one-off actions and potentially duplicative as well make gaps in meeting needs invisible.</p> <p style="text-align: right;">All</p>
<p>5</p>	<p>Establish a true, collaborative crisis response system to provide a more comprehensive response to homelessness across the Coachella Valley.</p> <p><i>Phase 1:</i> Convene all organizations and programs that address homelessness in the Coachella Valley and are willing to participate:</p> <ul style="list-style-type: none"> ▪ periodic gatherings to share program information, discuss and problem-solve challenges meeting client needs, and provide a forum for staff to know each other. ▪ review current program data and outcomes available from the organizations that provide crisis response services in the Coachella Valley; this analysis could be aggregated and shared for discussion among Network agencies to understand how the collective network of agencies is functioning. ▪ advance and support partnerships to embed services from one agency into another agency's programs and services to be more comprehensive and/or better aligned with best practices. ▪ identify common challenges and barriers and request the Collaborative problem-solve solutions ▪ joint application for funding that supports the objectives of the Network and advances progress toward the shared agenda of the Collaborative. <p><i>Phase 2:</i> comprehensive alignment to create a collaborative, comprehensive crisis response system organized as the Crisis Response Network of the Coachella Valley. This will be informed by Phase 1 above and implementation of other recommendations.</p>

Pillar Four: Increase Exits to Housing and Services

<p>6</p>	<p>Increase access to affordable rental housing by preserving existing housing options and establishing a coordinated and collaborative landlord recruitment initiative.</p> <ul style="list-style-type: none"> Develop an inventory of existing traditional and non-traditional affordable housing; at minimum develop a list of owners that can be used to connect and determine their interest in upgrading and keeping their properties affordable to low income renters with histories of homelessness. Review units developed using the Low Income Housing Tax Credit (LIHTC) and other assisted housing developments to understand the timeline for expiration of affordability requirements and engage with the owners to develop ways to extend the affordability of these units. Bring together potential investors, banks, Jurisdictions/County housing and community development staff and Jurisdictions/County code enforcement to develop a mechanism to fund repairs in exchange for long-term affordability requirements. Set up a series of workshops for owners to promote preservation through rehab. Create a protocol with code enforcement that connects with housing and community development to advance efforts to preserve affordable rental housing. Determine if a public policy advocacy strategy is needed to preserve affordable rental housing and then, if needed, act on that strategy. Develop a position, that engages landlords and develops a cadre of landlords with affordable rental units willing to rent to homeless individuals and families who may have less than perfect credit histories, low income to rent ratios, poor job stability and prior evictions. Establish a mitigation fund for an added protection for landlords who are willing to reduce screening criteria to rent to someone 	<p>Other communities with tight rental markets have achieved success through these strategies.</p> <p>Continued loss of affordable rental units would make forward progress on reducing homelessness improbable.</p> <p>Opportunity to align with Lift to Rise collective impact initiative.</p> <p>All</p>
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	<p>with limited income, poor rental history, history as a survivor of domestic violence, etc.</p>	<p>Families with children and single individuals, non-Veteran</p>
<p>Align Rapid Rehousing funding and programs with <u>best practices</u> approach, including progressive engagement, scale up as needed; ensure resources are tightly targeted to households that will be unable to exit homelessness without this assistance.</p> <ul style="list-style-type: none"> ▪ With Riverside County executive office, review current contracting and funding practices for RRH to sure funding contracts support best practices, including progressive engagement. ▪ Partner with the Riverside County CoC to identify ways to expedite and streamline referrals from HomeConnect for RRH and align with best practices including progressive engagement. ▪ Identify resources to support “one-shot” housing assistance for households who did not require longer term assistance in order to exit homelessness ▪ Review current program data and outcomes for the programs that provide RRH and work to improve performance in serving more households, reducing length of participation and increasing exits to permanent housing ▪ Work to embed employment services and supports into the RRH programs. Partner with Riverside County to identify ways to link and provide the necessary employment supports for RRH participants to increase their income to be able to sustain housing after exiting RRH. ▪ Convene a discussion between the CoC, HomeConnect, and RRH providers to explore when a referral of a chronically homeless household is appropriate and how to better align community resources with the RRH provider to increase the likelihood of success. Community alignment and focusing on best practices is required and should include: access to SOAR⁴-trained specialists to 	<p>Effective, targeted deployment of RRH can reduce length of time homeless and make emergency shelter more efficient.</p> <p>There is a backlog of single individuals from CV who are awaiting RRH placement from HomeConnect.</p> <p>Concerns were raised in several areas that impeded providers from implementing RRH using progressive engagement (e.g. funding contracts, HomeConnect processes, lack of flexible funding, etc.)</p>	
<p>7</p>		

⁴ SSI/SSDI Outreach, Access, and Recovery (SOAR) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.

	<p>assist with SSI/SSDI acquisition; RRH providers are trained and staffed to implement critical time intervention⁵; linkages to Riverside County for a housing voucher and/or PSH placement if the household will be unable to sustain housing at the end of the time-limited rental assistance; and linkages to Riverside County programs and services that provide intensive behavioral health and healthcare supports.</p> <ul style="list-style-type: none"> ▪ Offer cross-agency training on best practices in RRH, including progressive engagement, motivational interviewing, landlord-tenant regulations, housing placement, SOAR, and critical time intervention. 	
8	<p>Scale up Permanent Supportive Housing (PSH) that uses <u>best practices</u> approach, targeted to those who experience chronic homelessness and at greatest risk of chronic homelessness and expand access to housing with services in other settings;</p> <ul style="list-style-type: none"> ▪ Expand Scattered Site PSH through partnerships to access housing vouchers/rental assistance and enhanced health care services, especially mental health services. ▪ Establish a PSH development pipeline that also creates additional affordable rental housing units ▪ Inventory and facilitate access to shared housing, independent livings (quality board and care) and other settings to be determined. ▪ Enhance partnerships with Riverside County and the Riverside County CoC to enhance services in PSH and expedite referrals for PSH vacancies. ▪ Inventory and facilitate access to shared housing, independent livings (quality board and care) and other settings to be determined. 	<p>This is one of the most important strategies to reduce unsheltered homelessness.</p> <p>There is a very limited amount of PSH available for individuals. At least 325 additional PSH units are needed to end chronic homelessness across Riverside County. An estimated 200 additional units are needed within the Coachella Valley.</p> <p>Effective, targeted deployment of PSH can reduce length of time homeless, make emergency shelter more efficient and break the cycle of homelessness.</p>

⁵ Critical Time Intervention (CTI) is a time-limited evidence-based practice that mobilizes support for society's most vulnerable individuals during periods of transition. It facilitates community integration and continuity of care by ensuring that a person has enduring ties to their community and support systems during these critical periods. <https://www.criticaltime.org/cti-model/>

	<ul style="list-style-type: none">▪ Partner with the CoC to update HomeConnect to align with the principles of dynamic prioritization and connect with non-CoC housing resources whenever possible	Opportunity to align with Lift to Rise collective impact initiative.	
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Table 3 Ranked order of recommendations and recommending phases for implementation
Participants during the final planning session and members of the Core Team were asked to rank the recommendations in order of potential impact and for implementation. The consensus decision is described below.

Recommendations (ranked by order of impact)		
<i>Community Engagement and Leadership</i> Establish the Coachella Valley Collaborative to End Homelessness	Phase 1	
<i>Improve Crisis Response</i> Scale up diversion assistance or “assisted rapid resolution” (problem-solving with access to flexible financial assistance) across the Coachella Valley		
<i>Increase Exits to Housing and Services</i> Scale up Permanent Supportive Housing (PSH) that uses best practices approach and increase access to housing and services in other settings		
<i>Improve Cross-Sector Responses</i> Implement an enhanced Health Home Program to prevent homelessness and assist homeless individuals to exit more quickly to stable housing with services		
<i>Increase Exits to Housing and Services</i> Increase access to affordable rental housing by preserving existing housing options and establishing a coordinated and collaborative landlord recruitment initiative		
<i>Increase Exits to Housing and Services</i> Align Rapid Rehousing (RRH) funding and practices with best practices approach; scale up as needed		
<i>Improve Cross-Sector Responses</i> Establish an early childhood and school-based collaborative for homelessness prevention programs to stabilize the most vulnerable children and families		
<i>Improve Crisis Response</i> Establish a true, collaborative crisis response system to provide a more comprehensive response to homelessness across the Coachella Valley		
		Phase 2

These priorities are recommended to the DHCD board for consideration in the development of the Coachella Valley strategic plan to address homelessness. The board will need to identify public and private partners and resources sufficient to undertake each priority action, determine the timing and substance of how these recommendations are implemented, and issue competitive funding requests, in partnership with other funders, to select appropriate partners for implementation.

Background on Literal Homelessness⁶ in the Coachella Valley

The number of people who experience unsheltered homelessness in the Coachella Valley is unacceptably high and increasing -- over the past four years, the number of unsheltered homeless persons has increased by sixteen percent (16%) since 2015; seventy-three percent (73%) of people who experience homelessness are unsheltered in Riverside County (Riverside CoC 2018 PIT report). See Appendix 2 for more detailed data on unsheltered homelessness by CV community.

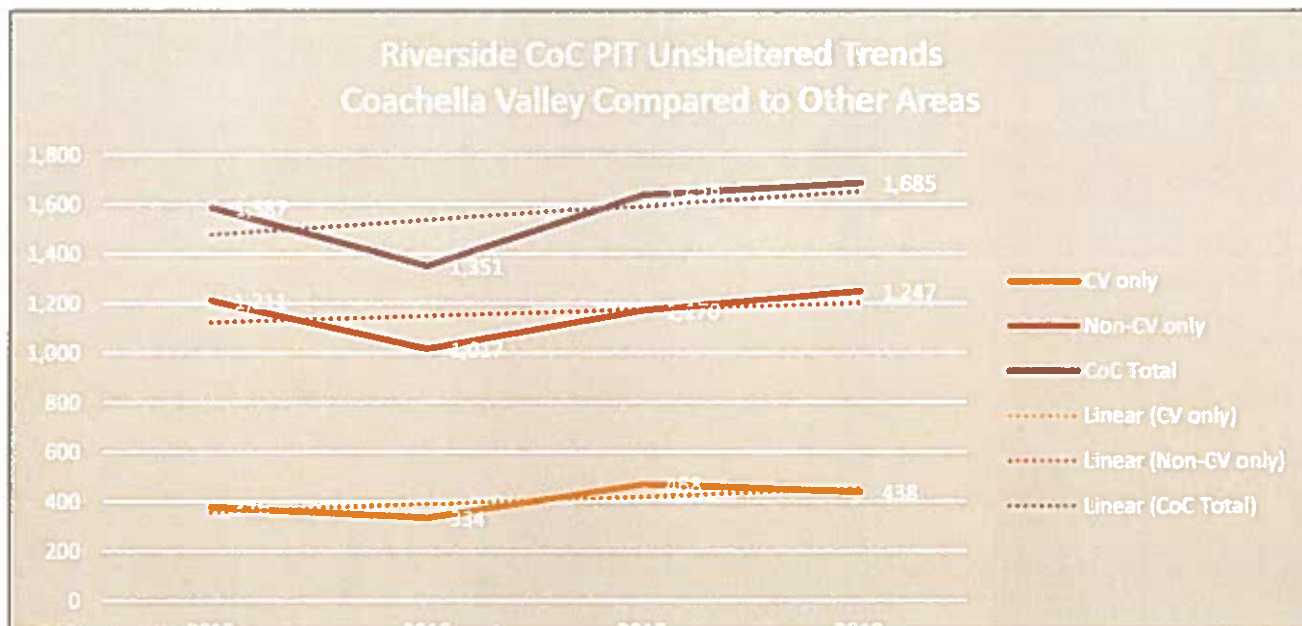
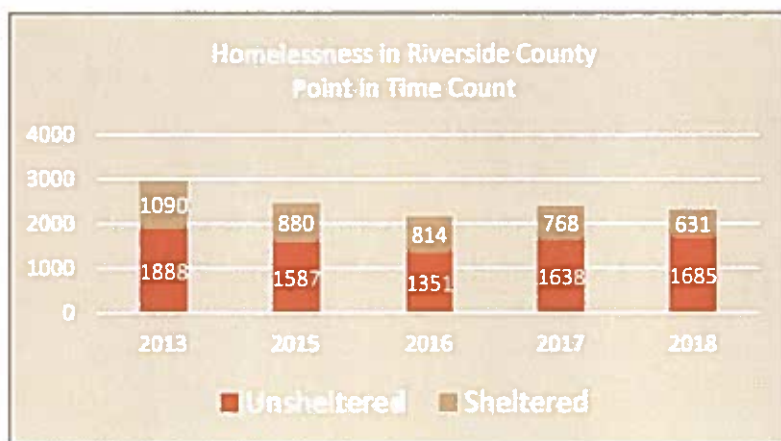


Figure 1 Riverside Continuum of Care Point In Time Trends for Unsheltered Homelessness Count 2015-2018 comparing Coachella Valley to other areas

- ❖ Unsheltered homelessness is rising across Riverside County, including the Coachella Valley
- ❖ 73% of homeless people are unsheltered



⁶ Literally homeless individuals/families Individuals and families who lack a fixed, regular, and adequate nighttime residence, which includes one of the following: Place not meant for human habitation. Living in a shelter (Emergency shelter, hotel/motel paid by government or charitable organization). Exiting an institution (where they resided for 90 days or less AND were residing in emergency shelter or place not meant for human habitation immediately before entering institution). Department of Housing and Urban Development.

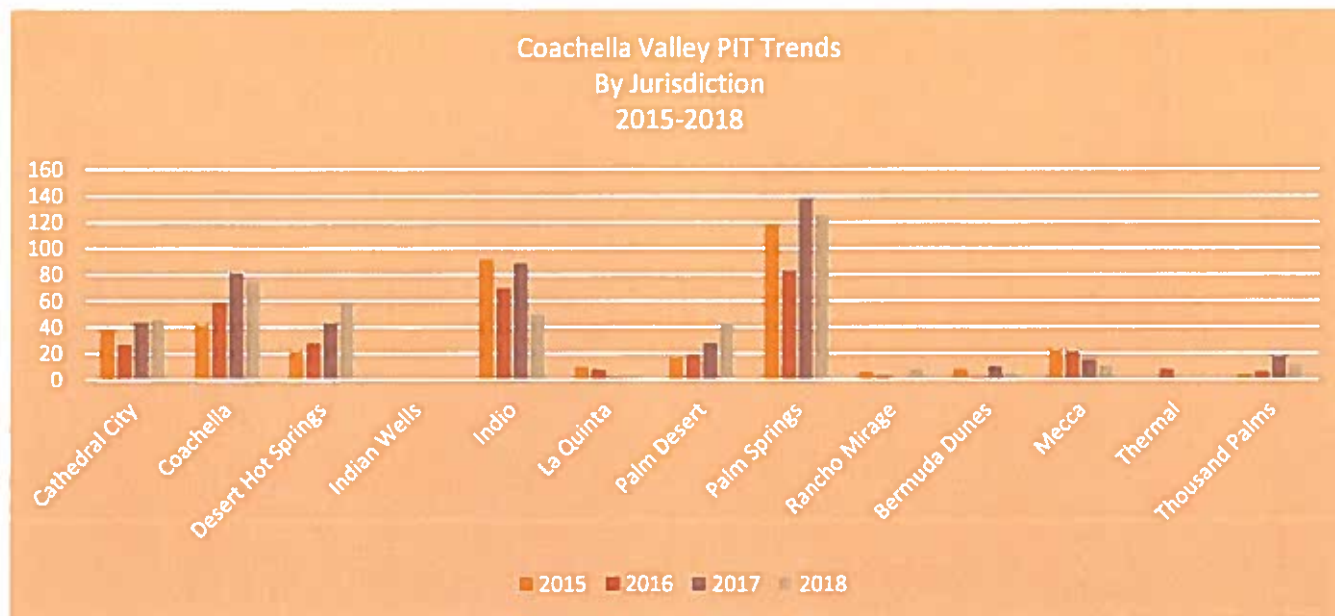


Figure 2 Unsheltered Point In Time (PIT) Count 2015-2018 – Coachella Valley

Palm Springs	126	Mecca	11
Coachella	75	Rancho Mirage	8
Desert Hot Springs	58	Bermuda Dunes	5
Indio	50	La Quinta	4
Cathedral City	46	Indian Wells	0
Palm Desert	43	Thermal	0
Thousand Palms	12		
Total	438		

Table 4 2018 PIT Count in Coachella Valley - Ranked by largest number unsheltered

Unsheltered in Coachella Valley

- 74% reside in cities
- 29% reside in Palm Springs
- 17% reside in Coachella

Indio had the most significant decrease over the past four years

Desert Hot Springs had the greatest increase during this same period.

Unsheltered PIT Count	Change 2018 v. 2015 (#)	Change 2018 v. 2017 (#)
Indio	-42	-39
Palm Springs	8	-12
Coachella	34	-6
Bermuda Dunes	-3	-5
Thousand Palms	8	-5
Mecca	-11	-4
Thermal	0	-1
Indian Wells	0	0
Cathedral City	8	2
La Quinta	-6	2
Rancho Mirage	2	8
Desert Hot Springs	37	15
Palm Desert	27	15

Table 5 Reductions in PIT Count in Coachella Valley by area

According to the 2018 PIT Count, people who are unsheltered in Coachella Valley compared to the areas of Riverside County outside of the Coachella Valley are less likely to be Black or African American (9% v. 18%) and more likely to be White (76% v. 67%). It is difficult to make a comparison between people who experience unsheltered homeless and households who are living in poverty since the American Community Survey has a large “other” category for race.

Table 6 Comparison of race for people living in poverty to people who experience homelessness in Riverside County and the Coachella Valley. People with incomes at or below the poverty level are at greater risk of homelessness.

Race	Unsheltered Homeless (2018 PIT Count)			Population Living In Poverty (American Community Survey, 2016)	
	Riverside County	Coachella Valley	Non-CV	Riverside County	Coachella Valley
White	69%	76%	67%	55%	54%
Black or African American	16%	9%	18%	8%	4%
American Indian or Alaska Native	8%	6%	8%	8%	6%
Multiple Races	4%	4%	4%	4%	3%
Asian	1%	2%	1%	4%	2%
Native Hawaiian, Pacific Islander	2%	3%	2%	<1%	<1%
Other				26%	36%

Note: Race was not reported for 20% of the population counted in the PIT Count; these calculations are based on those reporting race. The percent calculations are the percent of the population classified as living in poverty who identified as a member of the respective racial group.

According to the 2018 PIT Count, people who are unsheltered in Coachella Valley compared to the areas of Riverside County outside of the Coachella Valley are more likely to be Hispanic or Latino (41% v. 30%). Those who experience unsheltered homelessness in the Coachella Valley are also more likely to be Hispanic or Latino than population who lives in poverty in the region (41% compared to 22%). This disproportionate representation may indicate that Hispanic or Latino people are more likely to experience homelessness compare to those who are not, and/or they are less likely to be served in emergency shelter (see following table).

Table 7 Comparison of ethnicity for people living in poverty to people who experience homelessness in Riverside County and the Coachella Valley

Ethnicity	Unsheltered Homeless (2018 PIT Count)			Population Living In Poverty (American Community Survey, 2016)	
	Riverside County	Coachella Valley	Non-CV	Riverside County	Coachella Valley
Hispanic or Latino	33%	41%	30%	27%	22%
Not Hispanic or Latino	67%	59%	70%	73%	78%

Note: Ethnicity was not reported for 10% of the population counted in the PIT Count; these calculations are based on that reported ethnicity. The percent calculations are the percent of the population classified as living in poverty who identified as a member of the respective ethnic group.

According to the most recent Annual Homeless Assessment Report (AHAR) for Riverside County, racial and ethnic backgrounds of families with children who are served in emergency shelter are generally similar to those who receive permanent supportive housing. However, white, Hispanic/Latino individuals are significantly less likely to receive permanent supportive housing placements than would be expected based on their representation in emergency shelter. Further review of PSH admission practices is warranted to determine if there are barriers to PSH admission that have a disparate impact on Hispanic/Latino individuals.

Table 8 Race and ethnicity of households served by homeless assistance programs in Riverside County during a recent 12 Month Period (FY2017)

Race and Ethnicity of Households Served By Homeless Assistance Programs During 12 Month Period (CoC FY2017 AHAR)	Emergency Shelter		Permanent Supportive Housing	
	Families with children	Individuals	Families with children	Individuals
White, Non-Hispanic/Non-Latino	18%	42%	13%	50%
White, Hispanic/Latino	40%	32%	37%	16%
Black or African American	35%	19%	39%	26%
Asian	0%	1%	0%	1%
American Indian or Alaska Native	1%	3%	3%	2%
Native Hawaiian or other Pacific Islander	2%	1%	0%	1%
Several races	4%	2%	8%	4%
Unknown	0%	0%	0%	1%

The network of programs which participate in the CoC and participate in the HMIS serve a significant number of individuals annually. The greatest number are served emergency shelter. A higher proportion of families with children are able to access PSH compared to their representation in emergency shelter settings.

Table 9 People served by program type and household type in Riverside County (Riverside County AHAR, FY2017)

Program Type	Emergency Shelter		
Population	Families with Children	Individuals	All Populations
Estimated Yearly Count	618	3,164	3,782
% Total	16%	84%	
Program Type	Transitional Housing		
Population	Families with Children	Individuals	All Populations
Estimated Yearly Count	394	292	686
% Total	57%	43%	
Program Type	Permanent Supportive Housing		
Population	Families with Children	Individuals	All Populations
Estimated Yearly Count	375	928	1,303
% Total	29%	71%	
Program Type	Street Outreach		
Population	All Populations		
Estimated Yearly Count	2,031		

Note: HMIS Bed coverage rate is nearly 100%

Crisis Response in Coachella Valley

The Coachella Valley has a significant number of nonprofit organizations and government agencies that provide critically needed street outreach, emergency shelter (ES), transitional housing (TH), rapid rehousing (RRH), permanent supportive housing (PSH) and other supportive services. See Appendix 3 for a Summary of Residential Homeless Assistance Programs Located in the Coachella Valley.

The Coachella Valley provides a disproportionate share of the crisis housing response for the Riverside County (2018 HIC, Riverside County CoC):

- 63% of all emergency shelter beds within Riverside County are located in the Coachella Valley
- 58% of all transitional housing beds within Riverside County are located in the Coachella Valley

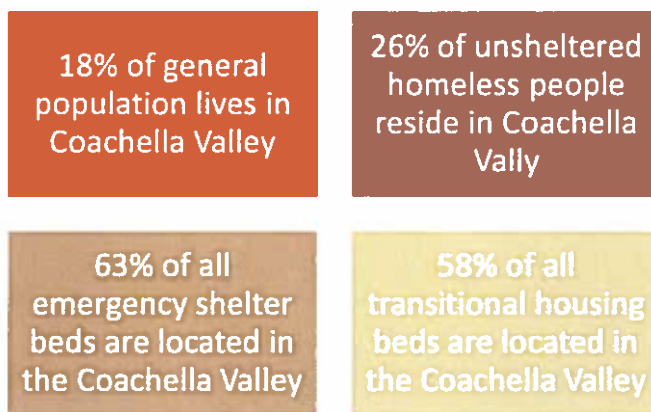


Figure 3 Share of Riverside County population residing in Coachella Valley compared to share of Riverside County capacity of crisis response capacity located in Coachella Valley

It is noteworthy that the crisis housing capacity located within CV does not appear to be operating at full capacity based on review of available data – crisis housing capacity in CV programs was only 79% during the annual PIT count (Riverside CoC 2018 HIC); average annual utilization rates across Riverside CoC for emergency shelter and transitional housing was 87% and 83% for families and singles adults, respectively (Riverside CoC FY2017 AHAR). Some of this may

be due to the specialized programs that serve domestic violence victims and youth but there have been some general beds not fully utilized as well. This low occupancy is occurring despite high rates of unsheltered homelessness among single adults.

Coachella Valley only data for all programs was not available but annual data for Riverside County was. During the most recent year, the average and median length of time that a household stayed in emergency shelter was 58 and 24 days respectively. This suggests that there are perhaps long-term shelter stayers that drive up the average and many households with very brief stays that bring down the median. The best results were obtained by PSH with 97% of households served in PSH retained that housing or exited to other permanent housing. Street outreach had the lowest rate of successful exits, just 19% exited to permanent housing and the lowest rate of quality data collection. Other program types were more successful than outreach - with 44% of exits⁷ from emergency shelter, transitional and rapid rehousing to permanent housing. Though successful this is still lower than would be seen if these programs were aligned with best practices. This rate is below the national average of 45% but has steadily been improving over the past few years (2015-2017).⁸ Among households who

⁷ This report only provides aggregated data for emergency shelter, transitional and rapid rehousing so it is not possible to compare the relative impact of each program type.

⁸ <https://public.tableau.com/profile/mattschnars#!/vizhome/SPMCoCStateNationalComparorator/KPIs> pulled November 15, 2018.

exited from emergency shelter or transitional to permanent housing, 81% did not return to homelessness which indicates that when permanent housing is achieved the cycle of homelessness is likely broken. (Riverside County, AHAR: 10/1/16-9/30/17)

Riverside County was able to provide program reports for four emergency shelter programs operating in the Coachella Valley. From these reports, the following observations are noted:

- More than 2,500 people were served by these four programs during a recent 12-month period.
- The largest number were households without children, then youth under the age of 18; the smallest group were families with children.
- Most were white, non-Hispanic households.
- Most did not report physical and mental health conditions; however, chronic health conditions, mental health problems, and drug abuse were the most common conditions mentioned by shelter residents.
- For two programs, most admissions were people who were homeless (54% and 74%) – predominately from places not meant for human habitation (i.e. unsheltered); however, two programs admitted very few directly from homelessness (11% and 10%). These two programs had the greatest number of admissions from a housed situation living with family members.
- For all four programs, 10-20% of admissions were from institutional settings. This was most frequently jail/prison, substance abuse treatment/detox and hospitals.
- For three programs, the vast majority of those served exited within 30 days. One program had just 41% staying less than 30 days with 46% staying 31-90 days and 5% staying more than 180 days. While this latter group of is small, they may utilize a high proportion of shelter days.
- The two programs with the majority of admissions from housed situations (70% and 69%), had the greatest rate of exits to permanent housing (57% and 55%). The other two programs had very low rates of exit to housing (16% and 20%) with more exits to places not meant for human habitation (60% and 27%).

Riverside County CoC has made progress in complying with HUD requirements to create a Coordinated Entry System (CES) known as “HomeConnect” to prioritize and match CoC-funded rapid rehousing, and permanent supportive housing. CV providers are well represented in this system and have strong participation in the CoC. Trained staff complete assessments that assign a “score” to each household that establishes their eligibility for and priority to receive assistance (RRH or PSH). However, the CoC, which sets the priorities for the CES, has prioritized vulnerability rather than length of time homeless. This prioritization schema may contribute to the lack of progress on reducing the numbers of people who are experiencing long-term and chronic homelessness.

During the first ten months of 2018, 425 households from Coachella Valley

Table 10 Households assessed for housing by HomeConnect (Riverside County CoC) from the Coachella Valley, 2016-2018

HOUSEHOLDS REFERRED FROM COACHELLA VALLEY

Since 2016, 881 households from CV were assessed:

- 299 housed
- 55 have housing match and seeking a landlord
- 250 were inactivated due to loss of contact
- 277 are currently active and awaiting a housing match
 - ❖ 74% are chronically homeless awaiting PSH,
 - ❖ 6% need PSH but aren't chronically homeless
 - ❖ 16% are awaiting RRH
 - ❖ 94% are single individuals
 - ❖ 6% are families with children

During the first ten months of 2018, 425 households from CV were assessed:

- ❖ 206 scored for RRH

were assessed for HomeConnect (206 scored for RRH and 219 scored for PSH). Since HomeConnect became operational in 2016, 881 were assessed from Coachella Valley with 299 housed, 55 have housing match and seeking a landlord, 250 were inactivated due to loss of contact, and 277 are currently active and awaiting a housing match. Of the latter, 74% are chronically homeless awaiting PSH, 6% need PSH but aren't chronically homeless, and 16% are awaiting RRH (the rest of the households have too low of score to qualify or are Veterans being processed for housing match). 94% are single individuals and 6% are families with children.

Several organizations and government agencies are conducting outreach to unsheltered persons, but these programs do not appear to be tightly coordinated. The current array of other programs operating within the Coachella Valley, while providing critically needed services are, too often, operating without close collaboration and coordination to ensure targeting of limited resources and prevent duplication. As noted, these programs are usually not successful in ending homelessness for those they serve. These programs also must improve data collection.

Public investment in Coachella Valley

Public funding and investment in programs and services delivered in the Coachella Valley, as well as, in services that people living in the Coachella Valley, are provided by numerous entities. Several departments within Riverside County fund programs and services that respond to homelessness. Coachella Valley governments and tribes, organized by CVAG homelessness committee, invest collectively as well as independently. New funding from the State of California will also soon be available.

County of Riverside

Riverside County Economic Development Agency/Housing Authority of the County of Riverside provides funding from the U.S. Department of Housing and Urban Development for homelessness and affordable housing programs⁹.

- **Emergency Solutions Grant (ESG):** \$678,024 (18-19 allocation across County). 100% must be dedicated to homelessness per federal regulations. ESG¹⁰ is intended for “assisting people to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness”. Per the EDA 2018 Annual Action Plan, ESG was allocated to provide outreach to persons living on the streets (\$15,000), funds to operate emergency shelters for the homeless (\$360,000), provide utility assistance and emergency rental assistance to prevent homelessness (\$55,536), implement rapid-rehousing strategies (\$180,137), homeless management information system (\$16,500), and for program administration (\$50,851). Organizations located in CV that received funding included Operation SafeHouse of the Desert, Coachella Valley Rescue Mission, and Martha’s Village and Kitchen.
- **Housing for People With HIV and AIDS (HOPWA):** \$1,474,800. While not specific to homeless people, many people served are formerly homeless or at risk of homelessness.
- **HOME Investment Partnership Program (HOME):** Roughly \$1.8 Million (50% is designated annually for first time home buyer). None is specifically designated for “homeless” projects, but rather prioritized for housing development projects that are most ready to move forward; some projects have been PSH serving homeless people.
- **Housing Choice Vouchers:** The County has roughly 9,000 people with a voucher at any one time. There is not a homeless preference, but there is a preference for folks that are exiting another county program; under consideration is to include a preference for referrals through the CES on all new Project Based Voucher awards. Households within CV currently receive rental assistance through this program.
- **Community Development Block Grant:** Roughly \$8 million (this includes funds that are designated for local cities and unincorporated County). These funds are used for a host of programs including some housing. Some organizations within CV receive CDBG funding to address homelessness but the amount was not available.

Riverside University Health System/Behavioral Health provides services directly and funds programs and services. Within the Coachella Valley, this includes street outreach and navigation services in Palm Springs (4.0 FTE), the Coachella Valley (2.0 FTE) and Blythe (2.0 FTE); 25 project-based PSH residents in North Palm Springs and Scattered-site PSH throughout the County, currently 5 households in Coachella Valley; 30 households of dedicated MHA-funded PSH in Desert Hot Springs and Thousand Palms with onsite case management and access to Full Service Partnership clinic; PATH drop-in center (North Palm Springs) providing engagement,

⁹ Communication from Mike Walsh, Deputy Director, Housing Authority of the County of Riverside on October 23 and 28, 2019.

¹⁰ <https://www.hudexchange.info/resource/1927/hearth-esg-program-and-consolidated-plan-conforming-amendments/> pulled November 18, 2018.

referral, computers, phone, laundry, shower, and Peer Support; Transitional-Aged Youth, Adult, and Mature Adult Full Service Partnership Programs in Indio, Palm Springs, and Desert Hot Springs (these programs provide outreach, transportation, case-management, therapy, and medication, to qualifying homeless individuals); and Housing Navigator staff (9.0 FTE) assigned to serve homeless, justice-involved individuals in RUHS Whole Person Care pilot; staff are Countywide, but at least 1/3 of staff time is spent in Coachella Valley based on need. In addition, some RUHS/BH programs see homeless people as part of their population. This includes: Children's WrapAround clinics; Indio Children and Adult Outpatient clinics; Prop 47 Full Service Partnership program soon to launch in Cathedral City; Substance Abuse Prevention and Treatment clinics (Desert Hot Springs, Cathedral City, Indio, and Blythe); CalWORKs programs in DHS, Cathedral City, Indio, and Blythe; Indio Day Reporting Center; AB109 contracted emergency and transitional beds (about 50 beds) to prevent homelessness among released AB-109 probationers (along with case management support, 2.0 FTE); Contracted Adult Residential Facility (Augmented) beds; and clinical staff inside Banning and Indio jails.¹¹

Riverside Department of Social Services administers the CalWORKs which "provides temporary financial assistance for eligible needy families with minor children who have lost or had a reduction in their income. The program is designed to provide families the means to meet their basic needs in times of hardship, while helping them to enter or re-enter the workforce and become self-sufficient."¹² The CalWORKs Housing Support Program (HSP) assists homeless CalWORKs families in quickly obtaining permanent housing and to provide wrap-around supports to families to foster housing retention¹³. \$1,175,000 (Note these funds are awarded to DPSS and the Housing Authority provides the Housing Navigation Services)¹⁴. Providers in the planning sessions indicated that this has been a very effective RRH program for homeless families with children.

Riverside County Department of Public Social Services provides funding for homeless assistance programs across the county and within the Coachella Valley. Decisions on funding allocations are made by the Riverside County Continuum of Care with actual awards determined by HUD during the annual national competition. The sources, uses, and most recent amounts are shown below and in Figure 4.

Federal: U.S. Department of Housing and Urban Development – Continuum of Care grants (CoC) – funding for rapid rehousing, transitional housing, permanent supportive housing, CoC planning, and HMIS administration; U.S. Department of Homeland Security/FEMA – Emergency Food and Shelter Program (EFSP) – funding for food, emergency shelter, and one-time rental assistance.

State of California: Housing and Community Development – Emergency Solutions Grant (HCD-ESG) – street outreach and emergency shelter.

Riverside County: General Fund program grants, primarily used for emergency shelter.

¹¹ Communication from Marcus Cannon, Behavioral Health Services Supervisor, HHOPE Program, Riverside University Health System – Behavioral Health on October 12, 2018.

¹² <http://dpss.co.riverside.ca.us/self-sufficiency/calworks> pulled November 18, 2018.

¹³ <https://www.cdss.ca.gov/inforesources/CDSS-Programs/Housing-Programs/CalWORKs-Housing-Support-Program> pulled November 18, 2018.

¹⁴ Communication from Mike Walsh, Deputy Director, Housing Authority of the County of Riverside on October 23 and 28, 2019.

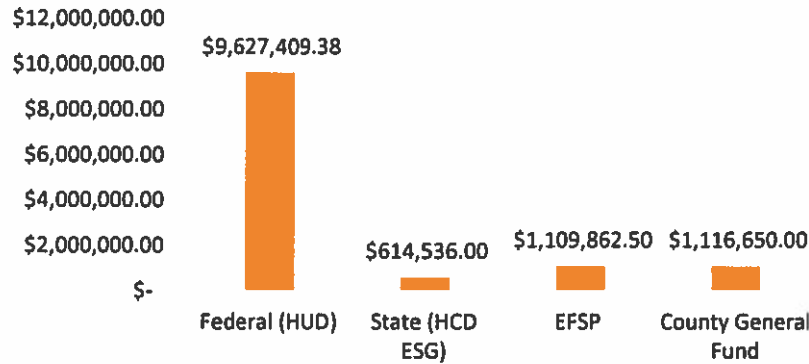


Figure 5 Principal Investments by Riverside County Department of Public Social Services to address homelessness during FY2017-18

A portion of this DPSS funding is distributed to organizations operating within the Coachella Valley. Two-thirds of this funding is now awarded to programs that operate county-wide; whereas in FY2013/14 just 37% was awarded to programs that operate county-wide. In the most recent period, CV organizations received 55% of the funding that is not countywide compared to 50% in FY2013/14; however, this funding level to CV now represents just 19% of overall funding from DPSS compared to receiving 32% of all funding during FY2013/14. One of the primary reasons for the overall reduction in funding is attributable to HUD funding priorities that favored RRH and PSH over investment in transitional housing. This resulted in funding being withdrawn from transitional housing operating in Coachella Valley and redistributed to RRH and PSH which operated county-wide and include households from CV within those programs. Information on whether homeless people from the CV were served at the same rate as prior funding awards was not available. See Figure 6 for a comparison of trends in funding CV organizations over time.

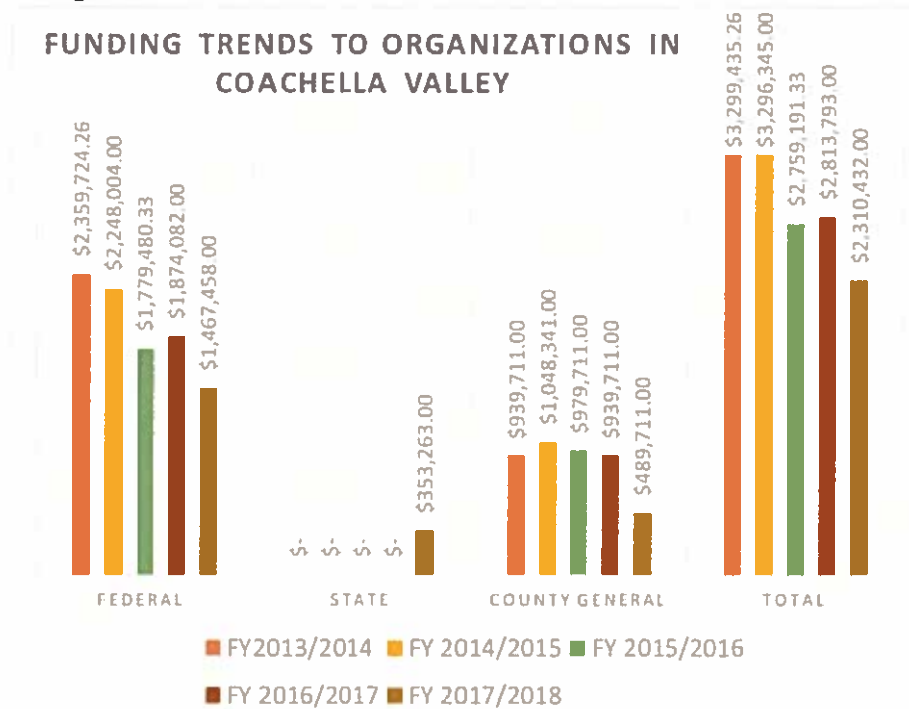


Figure 7 Funding from Riverside County DPSS to organizations based in the Coachella Valley by source from FY2013/14 to FY2017/18

New Funding from the State of California

The following new funding resources from the State of California are currently or soon to be available to Riverside County. These funding sources could significantly advance the recommendations included in this report. CVAG has been actively engaging the cities of the Coachella Valley to make the appropriate approvals to enable the CESH funds to be used in this area. Many CV leaders have been actively engaging with Riverside County and the CoC to offer suggestions and requests for funding as the planning is underway for deployment of these funding sources.

California Emergency Solutions and Housing: CESH

The California Emergency Solutions and Housing (CESH) Program provides funds through the Building Homes and Jobs Trust Fund to be used for housing relocation and stabilization services (including rental assistance), operating subsidies for permanent housing, flexible housing subsidy funds, operating support for emergency housing interventions, and systems support for homelessness services and housing delivery systems. Estimated Riverside County allotment of funds is \$1,344,336.

Homeless Emergency Aid Program: HEAP

A \$500 million block grant program, Homeless Emergency Aid Program (HEAP) is designed to provide direct, localized assistance to address homelessness in the state. Approved by Governor Brown in the summer of 2018, the estimated funds to the Riverside County Continuum of Care through this grant is \$9,791,805.

2018 Prop 1: Authorizes Bonds to Fund Specified Housing Assistance Programs

This legislation passed in November by California voters allocates \$4 Billion in general obligation funds to fund existing housing programs through competitive grants. This bond marks \$2.5 billion for low-income residents and veterans, and the remaining funding for infill and transit-oriented housing projects, farmworker housing, manufactured and mobile homes, and other housing support. Allocation in Riverside County unknown at this time due to undergoing competitive grant processes.

2018 Prop 2: Authorizes bonds to fund existing housing program for individuals with mental illness

California's second approved housing proposition, this legislation ratifies existing law establishing the "No Place Like Home" Program, which finances permanent housing for individuals with mental illness who are homeless or at risk for chronic homelessness, as being consistent with the Mental Health Services Act. This legislation will transfer up to \$140 million annually from the Mental Health services act to fund, with no increase in taxes and an estimated Riverside county allotment of \$3,340,454.

Sources:

<https://vig.cdn.sos.ca.gov/2018/general/pdf/complete-vig.pdf>

https://www.bcsh.ca.gov/hcfc/documents/heap_nofa.pdf

<http://www.hcd.ca.gov/grants-funding/active-funding/cesh.shtml>

Funding from local government in Coachella Valley

The Desert Healthcare District/Foundation continues to play a major role with other key community organizations in the development and transformation to a new infrastructure to serve our region's homeless community. Since 2003 the Desert Healthcare District has granted over \$5 million in grants to several direct service providers to help serve the homeless in our community. In response to the closure of Roy's Desert Resource Homeless Shelter, and recognizing the Valley's homelessness crisis, the board created a \$2 million collective fund in Summer of 2017. The initial short-term investment was a commitment of \$103,000 to CVAG's West Valley Navigation Program (also known as Housing First) with a dollar to dollar match in their name as well as to the committed matches made from the cities of Palm Springs, Desert Hot Springs, Cathedral City, Palm Desert, La Quinta, and Coachella. Including its own contribution of \$103,000 the District/Foundation's total match amount equals to \$721,000 for fiscal year 2017-18. The District board also approved an innovative collaborative with the City of Palm Springs in matching funds to support wrap around services \$100,000 (case

manager & employment specialists at specially selected sites serving the homeless) and \$350,000 expanded personnel (Mental Health Housing Crisis Team- pairing non-uniformed police officers with County Mental Health behaviorists) for a \$450,000 match total. Though there currently remains eight hundred thousand \$800,000 in the collective fund the current District Strategic plan calls out Homelessness as one of four community focus areas for grant funding.

Comparison to Peer Communities

The overall rate of homelessness in Riverside County is less than west coast peers (9.93 per 10,000 compared to 54.4 and 104.67 in Los Angeles and San Francisco, respectively) despite experiencing an increase in homelessness. Benchmark communities with comparable poverty rates and rental vacancy rates are making significantly greater progress in reducing homelessness. These benchmark communities are closely adhering to best practices and are investing local, state, and federal resources in proven solutions; however, it was not possible to compare the level of investment across the communities.

Table 11 Comparison of Riverside County to "benchmark communities" and west coast peers

	Contextual Data						Trends		Rate of Homelessness per 10,000 (General Population)
	County Population Estimate	Median Income	Poverty Rate	County FMR (Fair Market Rent)- 2BR	Housing Wage 2BR	Rental Vacancy Rate by MSA (%)	Change % Homeless 2010-2017	Change % Homeless 2016-2017	
Riverside County	2,423,266	\$57,972	16.5%	\$1,156	\$22.23	6.1%	-23%	11%	9.93
Benchmark City - communities that are making progress									
Houston/Harris CoC	4,589,928	\$54,457	16.6%	\$976	\$18.77	8.2%	-47%	-17%	7.33
Washington, DC	681,170	\$70,848	17.3%	\$1,746	\$33.58	6.0%	14%	-11%	109.71
West Coast Peers									
Seattle/King	2,149,970	\$75,302	9.8%	\$1,544	\$29.69	4.0%	29%	9%	54.15
Los Angeles	10,137,915	\$56,196	16.7%	\$1,545	\$29.71	3.0%	66%	26%	54.44
San Francisco	870,887	\$81,294	12.4%	\$3,018	\$58.04	3.7%	57%	30%	104.67
Sources	<i>US Census, 2017 Population Estimates</i>	<i>US Census, 2012-2016 American Community Survey</i>		<i>NLIHC, Out of Reach 2017</i>		<i>U.S. Census Bureau CPS/HVS, 2018 Q2</i>	<i>Calculated</i>		<i>Calculated - 2017 PIT/Census</i>

Recommendations

The recommendations described below are intended to address the most pressing gaps and priorities in the response to homelessness across Coachella Valley¹⁵. This robust set of interventions prioritize these objectives:

- 1) **Reduce unsheltered homelessness.** This is critical since there are increasing numbers of people who are experiencing unsheltered homelessness within the Coachella Valley.
- 2) **Increase the “throughput” from literal homelessness to stable housing.** Both a humane response and provides greater efficiencies for existing emergency responses through turning over temporary shelter capacity to enable more persons who are experiencing unsheltered homelessness to be served.
- 3) **Address the needs of the most vulnerable young children who are precariously housed and at imminent risk of literal homelessness.**

These recommendations describe investment priorities, key strategic policy shifts, opportunities to advocate with local partners for system improvements, and the need for boldness and urgency in making these shifts in investment and policy. While these are intended to accelerate progress, they will not meet all the existing and future needs, thus, there will continue to be gaps in services for some populations. For each recommendation, the section provides a description of the component, the intended population to benefit, the rationale for the recommendation, and suggested partners.

Of note, the recommendations offer a framework for implementation that will necessarily be dynamic responding to opportunities and challenges as they arise. More importantly, by shifting to a data-driven planning process, future actions will be shaped and formed by a more solid base of information. As one Core Team member noted, “this should be a living and breathing process”.

¹⁵ For planning purposes, resources for Veterans have not been included in the projections as generally there are sufficient resources for Veterans that are provided by Federal and state resources when combined with existing Veteran dedicated resources.

Pillar One: Community Engagement and Leadership	
1	Establish the Coachella Valley Collaborative to End Homelessness

Description

There are several planning bodies (see text box below) that address homelessness in the Coachella Valley. While overlapping membership does enable some flow of information and coordination, it is not likely to produce the kind of results needed to achieve the goal of significantly reducing homelessness in the Coachella Valley. A strong cross-sector partnership, acting with urgency and boldness, is required to accelerate progress through shared leadership and alignment of resources. Public, private, and nonprofit leaders, acting in concert, can mobilize the community to be engaged in solutions, to set community goals and track progress and to scale up and disseminate best practices. A public-private partnership is required to identify funding for proven practices/programs and to test innovative approaches.

A “collective impact” framework¹⁶ has been adopted by many other communities and underlies their progress on reducing homelessness; the components are:

- Common agenda for change including a shared understanding of the problem and a joint approach to solving it through agreed upon actions
- Shared metrics and measurement for alignment and accountability
- Clear plan of action and mutually reinforcing activities
- Open and continuous communication across all players to build trust, assure mutual objectives, and support shared work
- Backbone organization (aka community quarterback) with dedicated staff to oversee the entire initiative and coordinate participating entities.

Integral to this work should be to organize a funders collaborative that includes current and potential local public and philanthropic investors. The Hilton Foundation recently issued a [report](#) on the Los Angeles Home For Good Funders Collaborative. The Riverside County Action Plan calls for the development a regional funders collaborative to end homelessness, so a CV-specific funders collaborative could leverage that effort. The CVAG Homelessness Committee created a local government funders collaborative to create a joint RFP for the CVAG Housing First project.

For more on how to organize a collective impact structure, see [SSIR’s publication on collective impact](#)¹⁷ and Collective Impact Forum, [Backbone Starter Guide: A Summary of Major Resources about the Backbone](#) from FSG and the Collective Impact Forum.

¹⁷ https://ssir.org/articles/entry/how_to_organize_alliances_of_multiple_organizations_part_1

Local Coordinating Bodies on Homelessness

CA-608 County of Riverside CoC is comprised of public and private agencies along with community residents including homeless and formerly homeless individuals. The CoC was designed to assess the need for homeless and affordable housing services and to develop and implement a Continuum of Care Plan for the region on behalf of individuals and families who are currently living in homelessness or at risk of becoming homeless. The County of Riverside CoC is the planning body that coordinates the community's policies, strategies and activities toward ending homelessness. Any interested stakeholder within the County of Riverside may request to become a member of the CoC. A 15-member Board of Governance are elected from the membership. There are an extensive number of working groups and committees.

- Covers large geography of Riverside county
- Not sub-regional, e.g. Coachella Valley, specific strategies

Riverside County Executive Oversight Committee on Homelessness (EOCH) is comprised of 13 government departments that recently developed an action plan to provide a comprehensive set of 23 recommendations to end homelessness. New Deputy County Executive Office for Homeless Solutions will support implementation of this action plan.

CVAG Homeless Committee Coachella Valley Association of Governments (CVAG) is the regional planning agency coordinating government services in the Coachella Valley. The County of Riverside, Desert Healthcare District, and the cities of Blythe, Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Palm Desert, Palm Springs and Rancho Mirage are members. Other organizations are considered ex-officio members including: Coachella Valley Housing Coalition, HomeAid Inland Empire, Path of Life Ministries, Coachella Valley Rescue Mission, Martha's Village and Kitchen, Shelter from the Storm and Health to Hope.

- Only government organizations can vote; not all homeless providers attend meetings.

Specifically, the Coachella Valley Collaborative to End Homelessness should be established in partnership with the CVAG Homeless Committee and the Riverside County Continuum of Care with the following purposes:

- create a shared agenda and clear, measurable goals,
- align and enhance funding from public, philanthropic, and private sources,
- establish CV-specific data and performance management plan,
- support the CVAG homelessness committee and its member organizations,
- align with the County of Riverside strategic plan to address homelessness and inform the CoC,
- promote community awareness and education about the problem of and solutions to homelessness in CV, publicize how to help, and raise new funding, and
- implement the recommendations contained in this report.

The Collaborative should be hosted by an organization that is well-regarded within the Coachella Valley, is able to **serve as the fiscal agent**, including receive charitable contributions and grants, and **will support, but not interfere**, with the collective impact model. Ideally, the host organization could provide office space for the operations of the Collaborative.

Strengthen the data foundation—what gets measured, gets done

The collective impact initiative must develop shared metrics and measurement for alignment and accountability. A strong evaluation plan with agreed upon shared metrics and measurements is essential. The development evaluation plan and measurement process are critical start-up investments to carry the work forward for the initial few years. This measurement system should build on the CoC's Homelessness Management Information System (HMIS) and the annual Point-In-Time (PIT) Count. Over the course of this project, there were multiple challenges with receiving requested standard reports and the CoC was unable to produce any requested special analysis due to lack of sufficient staff capacity and competing priorities. Additionally, participants in planning

sessions described deficiencies in what was recorded in HMIS. This experience suggests that additional capacity will be needed to support program and system quality improvement as well as support the initiative.

Suggested areas of data and analysis enhancement are described below:

- Improve HMIS functionality to ease data collection, better track client services, improve agency access to meaningful data reporting, and provide comprehensive, quality data that meets the Collaborative's planning and performance needs. Ensure that all programs in HMIS track type of program exits, housing outcomes and returns to homelessness following exits to housing situations. See Appendix 4 for sample performance metrics that could be tracked.
- Expand HMIS to include non-HUD funded community residential programs and non-residential services that serve households who experience literal homelessness.
- Use HMIS as tool for coordinating street outreach to ensure streamlined and non-duplicative access to housing and other resources.
- Identify research partner to support data analysis and research necessary to undertake cross-system strategies (e.g. frequent users, youth aging out of foster care, etc.)
- Provide community dashboards and data analysis to support the collective impact initiative.
- Conduct disparities and impact analysis to identify and address racial, ethnic, and gender disparities in access and outcomes related to receiving housing and services.

Additional resources and partners will likely be required to implement the above recommendations. The Collaborative will also need to determine strategies for data sharing, analysis, and aggregation within regulations and laws that protect the privacy of individuals. Likewise, providers who are being asked to participate in HMIS may also need some additional funding to support staff.

Engage the entire community in solutions

There appears to be a general lack of understanding by some community leaders and the general public about the causes and consequences of homelessness in Coachella Valley. Most are unaware that there are a network of agencies working to address homelessness and that there are real solutions to homelessness. The collaborative will need to actively engage the full community in order to be successful. Development of a thoughtful community engagement plan should be undertaken early in Year One.

Create strong staffing to support the collaborative – a “backbone” will be required

The suggested initial staffing for the collective impact initiative should be flexible and lean. With help of DHCD, CVAG and partners, some staff support functions may be achieved by loaning or reassigning talent. Partners should also be tapped to provide in-kind contributions of office space, shared IT systems, fiscal management, etc. A 3-person team composed of an executive director, a project facilitator, and a data manager is recommended:

- **Executive Director:** guides vision and strategy, advances the policy agenda, mobilizes and aligns public and private resources to support the initiatives' activities, recruits and facilitates the "funder collaborative", builds community engagement to support the "call to action", including recruiting appropriate partners to implement the activities of the initiative, supervises initiative staff, and engenders accountability for progress on the initiative's goals.
- **Project Facilitator:** supports community engagement and collaboration, manages communications, supports the Health Homes Program (see recommendation #2), facilitates the homelessness prevention collaborative (see recommendation #3), facilitates the Coachella Valley crisis response network (see recommendation #5), and organizes trainings on best practices. Additional project facilitation support beyond 1.0 FTE may be needed; this need could be met in several ways including, "loaned" staff from a collaborative member, contracting for project support, and hiring an additional project facilitator.
- **Data Manager:** ensures all activities of the initiative are being data driven, catalyze shared measurement systems, facilitate and coordinate data collection, analysis, interpretation, and reporting, and provide technical assistance for building partners' data capacity. This analyst position should have full access to the CoC's HMIS at the administrator level.

Home For Good Los Angeles

The Home for Good initiative was launched in December 2010 by the Business Leader's Task Force on Homelessness, a partnership of the United Way of Greater Los Angeles and the Los Angeles Area Chamber of Commerce. It has grown into a countywide effort that represents 200+ cross-sector partners working collaboratively on systems and solutions to end homelessness. Home For Good encompasses many inter-related activities, including

- A Funders Collaborative
- Annual "Homewalk" to raise funding and awareness about homelessness
- Community summits on homelessness

These positions are needed to support the work of the Collaborative and the projects it undertakes to support the full range of activities described in this report.

Population

All populations who experience literal homelessness or are precariously housed, at imminent risk of literal homelessness will benefit from a more robust community approach. This will include families with children, single adults, couples, youth and young adults, survivors of domestic and interpersonal violence, Veterans, and chronically homeless.

Rationale

A collective impact approach to reduce homelessness (Santa Clara County¹⁸, Los Angeles County¹⁹, Central Florida²⁰) has worked in other communities. The building blocks are available in the Coachella Valley – engaged local government and civic leaders; a functional Continuum of Care that has engaged homeless assistance providers, an operational HMIS and an organized Coordinated Entry System; and a willingness to work together toward a shared goal of ending homelessness in the Coachella Valley. Planning participants noted many times across the consultation, that while the CoC was improving its effectiveness, it was still a very "HUD-centric" approach. Similarly, planning participants noted that the CVAG Homelessness Committee deserved tremendous

¹⁸ USICH: Harnessing the Power of Collective Impact to End Homelessness, Jennifer Loving, CEO, Destination: Home (Santa Clara County) pulled 11/5/18 <https://www.usich.gov/news/harnessing-the-power-of-collective-impact-to-end-homelessness/>

¹⁹ Collective Impact Forum: When Collective Impact Has an Impact: A Cross Site Study of 25 Collective Impact Initiatives pulled 11/5/18 <http://collectiveimpactforum.org/resources/when-collective-impact-has-impact-cross-site-study-25-collective-impact-initiatives>

²⁰ Inside Philanthropy: Fundable, Doable, and Measurable: A Foundation's Success Against Homelessness. pulled 11/5/18 <https://www.insidephilanthropy.com/home/2017/11/21/southeast-fundable-doable-measurable-an-successful-example-of-chronic-homelessness-funding>

credit for bringing the local government and tribal organizations in a more unified approach to homelessness; further, while the nonprofit sector was welcomed to attend and provide input, the government members retained decision-making. Finally, it was expressed that the philanthropic, civic, and business sectors in the Coachella Valley had not been fully engaged and mobilized on this issue in a comprehensive way. While these sectors were actively supporting the individual nonprofits, there would be greater progress if they were engaged in a comprehensive CV approach.

The vision for this new Collaborative is to be cross-sector – a place to bring together diverse voices from the civic, nonprofit, business, philanthropic sectors to join with the government entities charged with addressing homelessness. Additional funding and investment partners will need to be engaged from the business and philanthropic sectors to support the implementation of the recommendations contained in this plan. This support can be both financial as well as helping the initiative adopt data-driven solutions.

Suggested partners and process to launch the Collaborative

The DHCD and the CVAG Homelessness Committee should organize and convene a *collective impact initiative* of influential community leaders who can deploy human or financial resources and keep track of the big picture. The leadership of Riverside County executive office and the Continuum of Care should be engaged early in the process to secure their full participation in the Collaborative. The structure and membership of the initial working groups should be organized to align with the recommendations contained in this report. The initial goals and objectives can arise from the recommendations contained in this report to jumpstart the Collaborative. Over time the Collaborative can further refine the recommendations to create the shared agenda, shared metrics and measures, plan of action with mutually reinforcing activities, and communication strategies. The host agency for the backbone organization and the hiring of staff should be undertaken in parallel with mapping out the volunteer leadership governance structure.

The *collective impact* initiative participants should include representatives of:

Businesses: major employers, banks, hospitality and tourism, agricultural industry, Chambers of Commerce, lawyers, landlords/property managers, developers, and other engaged businesses

Civic organizations: Rotary and other groups committed to improving the Coachella Valley

Child welfare system: public children’s services, community providers who support child abuse prevention, family reunification and foster care

Community organizations that provide emergency assistance: faith-based, non-profit, neighborhood; including food pantries, community kitchens, victim services

Criminal justice system: police, sheriff, courts, jails, community corrections, probation and parole officers

Ecumenical faith community

Governments: CVAG members and staff, jurisdictional leaders and staff, tribes and staff, schools, parks and recreation, transportation

Healthcare system: hospitals, urgent care centers, community health centers/FQHCs, public health, behavioral health providers (mental health and substance use disorders)

Homeless assistance organizations: providers of outreach, shelter, transitional housing, rapid rehousing, and permanent supportive housing; Riverside County CoC

Philanthropy (e.g. community foundation, United Way, other engaged donors)

Riverside County: Executive Office and essential leadership from the Department of Behavioral Health, Department of Public Social Services, Economic Develop and Housing Authority

Pillar Two: Improve Cross-Sector Responses

2

Implement an enhanced Health Homes Program to prevent homelessness and assist homeless individuals to exit more quickly to stable housing with services

Description

Implement an enhanced Health Homes Program²¹ (see sidebar) to prevent homelessness and assist homeless individuals to exit more quickly to stable housing with services. The two Managed Care Plans (MCP) that serve Riverside County – Inland Empire Health Plan (IEHP) and Molina Healthcare of California Partner Plan – are working to meet the state deadlines for implementation of HHP in 2019. The HHP relies on the creation of an HHP care team composed of a care coordinator, HHP director, clinical consultant, community health workers, housing navigators, and representatives of community-based organizations. The care team coordinates the member’s physical and behavioral health care services and connects them to community services and housing, as needed.

To support this effort and ensure greater participation by the target population (see below), a cross-sector, multi-agency collaborative composed of organizations that interact with and serve the target population (see below) should be convened to work with the MCPs. This collaborative could assist with the following activities:

The Health Homes Program (HHP) is designed to serve eligible Medi-Cal beneficiaries with multiple chronic conditions who are frequent utilizers and may benefit from enhanced care management and coordination. The HHP coordinates the full range of physical health, behavioral health, and community-based long-term services and supports (LTSS) needed by eligible beneficiaries. The HHP provides six core services:

- Comprehensive care management
- Care coordination (physical health, behavioral health, community-based LTSS)
- Health promotion
- Comprehensive transitional care
- Individual and family support
- Referral to community and social support services, including housing

- Design the “care management model” that will support the target population
- Conduct an administrative data match between the MCPs, the local hospitals/healthcare systems, the CoC HMIS, and public systems (police, courts, child welfare, etc.) to identify frequent users of these systems
- Determine referral partners and access points including public systems (police, courts, child welfare, etc.) and homeless assistance providers (outreach, shelter, transitional housing, rapid rehousing, and permanent supportive housing) and create a plan for outreach and engagement
- Identify health, housing and community services partners to support the care management model
- Recruit other partners necessary to successfully serve the target population
- Establish an information technology/data platform to support the HHP and enable HHP participant tracking, support continuous quality improvement and evaluation
- Develop a continuous quality improvement process (plan–do–check–act cycle)
- Design training for the HHP care team on best practices
- Determine what costs can be covered by Medi-Cal and what other resources will need to be secured to cover ineligible costs (i.e. Medi-Cal can’t be used to cover housing expenses like rent, security deposit, furnishings, moving costs)

Planning participants noted that it will be important to advocate for and ensure that people who experience homelessness are a priority population for the HHP.

²¹ <https://www.dhcs.ca.gov/services/Pages/HealthHomesProgram.aspx> pulled November 15, 2018.

Population

Individuals who meet criteria for HHP (Medi-Cal beneficiaries with multiple chronic conditions who are frequent utilizers and may benefit from enhanced care management and coordination) and have frequent interactions with public systems (police, courts, child welfare, etc.) and have experienced repeated episodes of homelessness, chronic homelessness, or housing instability. For more on eligibility criteria, see program guidance²².

Rationale

The **Health Homes Program (HHP)** is a type of “frequent user initiative” that has shown great success across the United States. There is tremendous opportunity to leverage the HHP which will begin being implemented in 2019. This initiative could help the hospitals comply with state discharge planning requirements (SB 1152).

The goal of frequent user initiatives (also called “familiar faces”) is to break the costly cycle of homelessness that occurs when people repeatedly use high cost services due to long-term homelessness. By providing supportive housing, formerly homeless people’s utilization of high cost care of expensive

systems – police, jail, the courts, EMT’s, and emergency rooms -- drops dramatically. Ideally, future cost savings are used to jumpstart the development and operation of supportive housing. A strong research and evaluation partner is critical to taking a disciplined approach and documenting costs and cost avoidance/cost savings. Philanthropy and local county government are critical partners in frequent user initiatives. Housing for Health²³ in Los Angeles is one of many examples of frequent user initiatives across the country. Another approach is to use Pay For Success models as have been implemented in Denver, Massachusetts, and Cuyahoga County, Ohio. To learn more about Pay for Success, see Enterprise Community Partners/Pay for Success²⁴ and the Pay for Success Learning Hub²⁵.

Housing for Health (HFH), Los Angeles

The RAND Corporation conducted a formative evaluation of HFH, a division within the Los Angeles County Department of Human Services (DHS) established to provide supportive housing to DHS patients with complex medical and behavioral health issues who were experiencing homelessness. Los Angeles County report data demonstrated a dramatic reduction in service use, especially for medical and mental health services. Overall, the cost reductions more than covered the years’ worth of supportive housing costs.

In Riverside County, among the single individuals served by emergency shelter, 14% stay three (3) months or more (an estimated 443 people annually); nearly half entered emergency shelter from places not meant for human habitation; and two-thirds were disabled (Riverside County CoC, AHAR report, 9/30/17). Further analysis would likely find that some of these individuals had frequent contact with other public systems, too.

Suggested partners

Healthcare system: managed care plans, hospitals, urgent care centers, community health centers/FQHCs, public health, behavioral health providers (mental health and substance use disorders)

Criminal justice system: police, sheriff, courts, jails, community corrections, probation and parole officers

²² https://www.dhcs.ca.gov/services/Documents/MCQMD/HHP_Program_Guide-Final_6-28-18_Clean.pdf pulled November 19, 2018

²³ <https://alliancehh.org/programs/housing-for-health/> pulled November 19, 2018

²⁴ <https://www.enterprisecommunity.org/tag/solutions/pay-for-success> pulled November 19, 2018

²⁵ <https://www.payforsuccess.org> pulled November 19, 2018

Child welfare system: public children's services, community providers who support child abuse prevention, family reunification and foster care

Governments: CVAG, jurisdictional leaders and staff, schools, Riverside County (Housing Authority, DBH, DPSS)

Homeless assistance organizations: providers of outreach, shelter, transitional housing, rapid rehousing, and permanent supportive housing; Riverside County CoC

Philanthropy: foundations, United Way, prospective donors

Community organizations: faith-based, non-profit, neighborhood

Pillar Two: Improve Cross-Sector Responses	
3	Establish an early childhood and school-based collaborative for homelessness prevention programs to stabilize the most vulnerable children and families

Description

While relatively few children experience unsheltered homelessness (just one family was counted as unsheltered during the 2018 PIT count) and children make up just 17% of all people who experience homelessness and access emergency shelters in Riverside County (Riverside County CoC 2018 AHAR), the impact of homelessness can be tremendous on children (see text box). Almost half of children who received emergency shelter are age five and under, 35% are ages 6 to 12 and 16% are ages 13 to 17.

The rate of homelessness in the three school districts that serve the Coachella Valley is unacceptably high: more than 3,000 children were counted as homeless across the three CV school districts with rates of homelessness nearly 10% in the Palm Springs Unified District. A review of the four-year trends appears to show an increase in homelessness among school children.

There is a high correlation between domestic violence and homelessness among families with children. While local data was not available to determine the extent to which this is occurring in Riverside County and the Coachella Valley, domestic violence is likely prevalent in this region and negatively impacting children.

Children who are served by the child welfare system are often unstably housed and may experience homelessness. Local data was not available to determine the extent to which this is occurring in Riverside County and the Coachella Valley but given the high financial and human cost when children are placed in foster care, it would make sense to study the intersection of homelessness and child welfare involvement locally.

Homelessness can have a tremendous impact on children – their education, health, sense of safety, and overall development. Fortunately, researchers find that children are also highly resilient and differences between children who have experienced homelessness and low-income children, who have not, typically diminished in the years following a homeless episode.

When compared to low-income and homeless families, children experiencing homelessness have been shown to:

- Have higher levels of emotional and behavioral problems;
- Have increased risk of serious health problems;
- Are more likely to experience separations from their families; and
- Experience more school mobility, repeat a grade, be expelled or drop out of school, and have lower academic performance.

[National Alliance to End Homelessness](#)

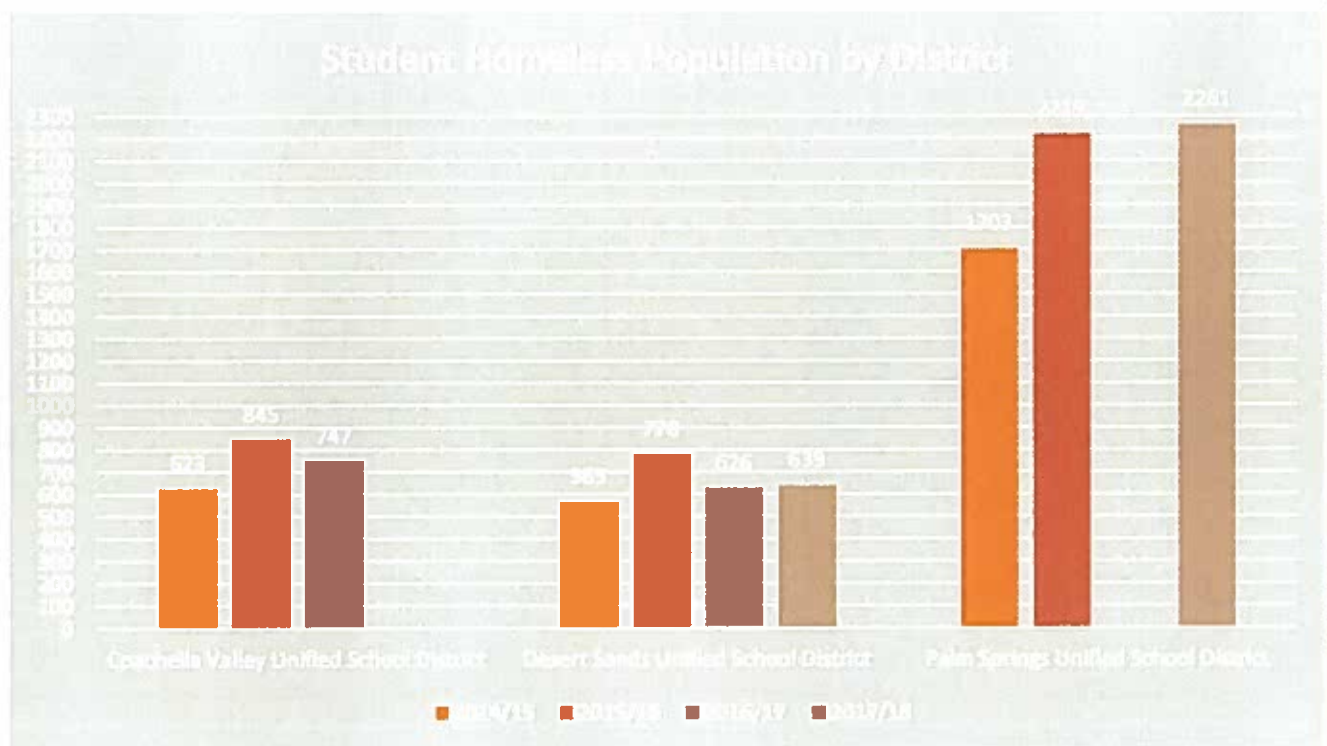
The National Alliance to End Homelessness²⁶ recommends that child welfare agencies can play an important role in stabilizing families through these complementary strategies: (1) assess families for housing need; (2) develop housing stability plans; (3) create housing stabilization units or develop capacity by leveraging partnerships; (4) provide rapid re- housing to families who need immediate and short-term assistance; and (5) provide permanent housing assistance to families who need long-term subsidies to help them maintain their housing.

Under the leadership of the Collaborative to End Homelessness in Coachella Valley (see recommendation 1) an early childhood and school-based collaborative for homelessness prevention should be launched. The purpose of the collaborative would be to identify, link, and coordinate services and programs to stabilize the most

²⁶ [The Role of Child Welfare Agencies in Improving Housing Stability for Families](#), National Alliance to End Homelessness, Solutions Brief, September 2013.

vulnerable children and families. This can focus on children who are identified as homeless by early childhood programs and school systems and may also intersect with domestic violence services and child welfare. Initially the collaborative should improve awareness of available resources, identify ways to reduce duplication and better fill gaps, and create a more holistic community response. The collaborative may elect to undertake pilot projects. These might include:

- Adopt the practices featured in case studies developed by USICH²⁷ about communities that are using innovative, collaborative practices to increase housing stability and school attendance of children and youth experiencing homelessness
- Build off the learnings from Cuyahoga County’s pay for success initiative – “Partnering for Family Success”²⁸ and the Corporation for Supportive Housing’s Keeping Families Together initiative²⁹ for families at the intersection of child welfare and homelessness.
- Explore how the Siemer Institute for Family Stability³⁰ is advancing a 2-generation approach to prevent homelessness and improve academic achievement for children.



Note: Data provided by the School Districts to Desert Healthcare District during October 2018. Palm Springs Unified had a clerical reporting error for homeless numbers during 2016/17 school year and Coachella Valley Unified had a clerical reporting error for homeless numbers during 2017/18 school year; therefore, numbers are not graphed.

Population

The collaborative should work to stabilize families with children who are imminently at risk of literal homelessness and living in precariously housed situations. These include families who are severely cost-

²⁷ Case Studies: Building School/Housing Partnerships for Families Experiencing Homelessness; <https://www.usich.gov/tools-for-action/case-studies-building-school-housing-partnerships-for-families-experiencing-homelessness/>

²⁸ <https://payforsuccess.org/project/cuyahoga-county-partnering-family-success-program> pulled November 19, 2018

²⁹ <https://1roofamilies.org> pulled November 19, 2018

³⁰ <https://familystability.org> pulled November 19, 2018

burdened, living in over-crowded or substandard conditions, doubled up with families or friends, or living in hotel/motels. Children who have experienced domestic violence and/or child welfare involvement should be prioritized.

The collaborative should focus on the schools with the highest numbers and rates of homelessness. For example, the Theodore Roosevelt Elementary in the Desert Sands Unified, has a twelve percent (12%) rate of homelessness during the 2017-2018 school year. In Palm Springs Unified, Two Bunch Palms Elementary and Landau Elementary had twenty-one percent (21%) and twenty-five (25%) during the 2017-2018 school year.

Rationale

Given the limited resources and high number of impacted children, this can be a first step to share ideas, develop more coordinated responses, and provide training on rapid problem solving related for housing crises. The collaborative may also seek to undertake some pilot projects to test and replicate models from other communities. By coming together, organizations and agencies can better meet the needs of these vulnerable children.

Suggested partners

School systems: Coachella Valley Unified, Desert Sands Unified and Palm Springs Unified - McKinney-Vento homeless coordinators, school principals with high rates of homeless children, system administrators

Childcare providers and funders: Headstart and other early child learning providers, Riverside County Office of Education, Riverside County Department of Public Social Services (DPSS) Child Care

Child welfare system: public children's services, Olive Crest and other community providers who support child abuse prevention, family reunification and foster care

Other organizations that serve pregnant women and children: WIC, First Five Riverside, prenatal services, home visiting programs, CalFresh, Ronald McDonald House, Office of Migrant Education

Domestic violence service providers

Healthcare system: managed care plans, hospitals, urgent care centers, primary care/pediatrics, community health centers/FQHCs, public health, behavioral health providers (mental health and substance use disorders)

Homeless assistance organizations: providers who serve families with children; Riverside County CoC

Community organizations that provide emergency assistance: faith-based, non-profit, neighborhood; including food pantries, community kitchens

Governments: CVAG, jurisdictional leaders and staff

Philanthropy: foundations, United Way, prospective donors

Pillar Three: Improve Crisis Response	
4	Scale up diversion assistance or “assisted rapid resolution” (problem-solving with access to flexible financial assistance) across the Coachella Valley

Description

Assisted rapid resolution (also known as Diversion) is a strategy that assists homeless people seeking emergency shelter by helping them identify immediate alternative housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion assistance can reduce the number of households that enter homelessness. Diversion can also be provided to people who are unsheltered to help them leave the streets for more stable housing.

According to Building Changes³¹, Diversion techniques engage households early in their homelessness crisis, with no pre-screening or pre-determination as to likelihood for success. Through an exploratory conversation, a staff member trained in diversion techniques prompts them to identify realistic housing options based on their own resources rather than those of the system. To ease their transition out of homelessness, households also are able to leverage one-time financial assistance to help cover expenses like first-month’s rent or security deposit. For some households, tapping into their own existing relationships represents their best shot at becoming housed quickly because local resources—rapid re-housing, for example—may be scarce and not readily available to them.

These recommendations will generally align the Riverside County Action Plan and the work underway by the Riverside County CoC work to expand diversion at all emergency shelter access points and providing training on diversion. However, the Collaborative should advocate with the CoC to move away from creating a “diversion” tool to be used prior to shelter that is focused on identifying likely candidates for diversion. Instead the plan should be to offer assisted rapid resolution based on a problem-solving conversation (rather than a fixed screening tool) to all who are seeking emergency shelter and/or unsheltered (rather than trying to determine eligibility for diversion).

The Collaborative should:

- Inventory currently available resources for diversion and prevention assistance. Determine level of additional funding needed.
- Raise the flexible funds necessary to expand assisted rapid resolution in a meaningful way.
- Create a simple description of diversion to use with public communications (i.e. elevator speech).
- Identify organizations that can serve as access points to assisted rapid resolution services for families and individuals who are unsheltered or at imminent risk of being unsheltered.

Evidence for Diversion

Building Changes worked with several counties, nonprofits and philanthropies in the state of Washington to test Diversion as an approach for helping families that already are homeless. Results from two Diversion pilots show *about half of the 1,898 families that pursued Diversion found safe housing quickly, averting the need for costlier interventions. Among the families successfully housed through Diversion, the vast majority did not return to homelessness within a year.* Diversion is a process, not a program. It differs from homeless interventions that require intensive case management and sizable system resources. As a result, Diversion *costs less* to get families successfully housed. Building Changes has demonstrated that Diversion is an effective and efficient approach for resolving—not just preventing—the homelessness of some families.

³¹ USICH, <https://www.usich.gov/news/extending-our-successes-with-diversion-to-help-families-quickly-exit-homelessness/> pulled 10/30/18.

- Organize cross-agency training on best practices for all outreach, shelter, and crisis response staff who provide direct assistance.
- Develop procedures to support administration of centralized diversion assistance funding.
- Add staff capacity for assisted rapid resolution services, as needed, at direct service organizations that receive a high volume of referrals for homeless assistance.
- Advocate with Riverside County CoC to align its diversion approach with proven practices for assisted rapid resolution.

Population

Diversion should be used with all populations including families with children, single adults, couples, youth and young adults, survivors of domestic and interpersonal violence, Veterans, and chronically homeless.

Rationale

Diversion is the most effective and cost-efficient way to address homelessness and has achieved remarkable success in many communities and states.

One target group for Diversion should be those who enter homelessness from a housed situation or have relatively short lengths of stay. In Riverside County, among the single individuals and families served by emergency shelter, 26% and 37%, respectively entered shelter from a housed situation and 36% and 12%, respectively, stayed one week or less in shelter (Riverside County CoC, AHAR report, 9/30/17). This suggests that more than 200 families and nearly 1,200 individuals in Riverside County would be good candidates for Diversion. Given that more than sixty percent (60%) of family shelter units and seventy-eight percent (78%) of adult shelter beds are located within the Coachella Valley (2018 HIC, CoC), Diversion could make a significant impact on shelter admissions, thus freeing up space to accommodate more unsheltered individuals in CV area shelters.

Another target group should be those who are newly homeless with no prior contact with the homeless system recently. In Riverside County, almost 3,000 people representing 77% of all persons served in the emergency shelter and transitional housing, had not been served during the past two years (Riverside County CoC, FY2017 SPM report). This suggests that many are likely newly homeless and experiencing homelessness for the first time. Based on the best available data about the number of people who experience homelessness in the CV, about one in four homeless people (26%) who are unsheltered reside in CV during the annual PIT count (Riverside County CoC, 2018 PIT). This suggests that nearly 800 people will be newly homeless over the course of a year and be good candidates for Diversion. Diversion could make a significant impact on unsheltered homelessness as 46% of single individuals and 32% of family households were unsheltered at admission to emergency shelter (Riverside County CoC, AHAR report, 9/30/17).

Another target group should be individuals who are being discharged from hospitals, treatment programs, and jails. With 10-20% of admissions to emergency shelters occurring from institutional settings, it would be helpful to have all staff who are participating in discharge planning at these institutions be trained in assisted rapid resolution. Each institution should also identify its own resources to meet the flexible financial assistance needs of its clientele. SB1152 requires hospitals to have clear discharge plans in place to prevent discharge into homelessness and assisted rapid resolution could be a tool in meeting that legal requirement.

Planning session participants also noted that it would be helpful to have staff and volunteers who are serving people in community-based emergency assistance programs (e.g. community kitchens, food pantries) to be trained to provide assisted rapid resolution before making a referral to emergency shelter.

Suggested partners

Homeless assistance organizations: providers of outreach, shelter, transitional housing, rapid rehousing, and permanent supportive housing; Riverside County CoC

Community organizations that provide emergency assistance: faith-based, non-profit, neighborhood; including food pantries, community kitchens

Healthcare system: hospitals, urgent care centers, community health centers/FQHCs, public health, behavioral health providers (mental health and substance use disorders)

Criminal justice system: police, sheriff, courts, jails, community corrections, probation and parole officers

Child welfare system: public children's services, community providers who support child abuse prevention, family reunification and foster care

Governments: CVAG, jurisdictional leaders and staff, schools, Riverside County

Philanthropy: foundations, United Way, prospective donors

Pillar Three: Improve Crisis Response	
5	Establish a true, collaborative crisis response system to provide a more comprehensive response to homelessness across the Coachella Valley

Description

The Coachella Valley Collaborative to End Homelessness (the Collaborative) should establish and convene the Coachella Valley Crisis Response Network (the Network) composed of all organizations and programs that address homelessness in the Coachella Valley and are willing to participate. The Collaborative should work with these organizations to, over time, build a Crisis Response Network that based on the strong foundation of direct service programs and organizations that are currently addressing homelessness. The Network would be organized as a working group of the Collaborative.

The Crisis Response Network should work together to review current practices and impacts then undertake a collaborative process to work toward the objectives described below. A step-wise approach to better understand current practices, strengths and challenges could begin during Phase 1. Building on the informal collaboration during Phase 1, the Collaborative may elect to support the Network to be more comprehensively aligned and organized during Phase 2. The Collaborative should consider how to support organizations to participate in the Network, including providing incentives for participation.

During Phase 1, periodic gatherings of CV organizations should be organized by the Collaborative to share program information, discuss and problem-solve challenges meeting client needs, and provide a forum for staff to know each other. The Collaborative data manager should also review current program data and outcomes available from the organizations that provide crisis response services in the Coachella Valley; this analysis could be aggregated and shared for discussion among Network agencies to understand how the collective network of agencies is functioning. Phase 1 alignment might also include the Collaborative advancing and supporting partnerships to embed services from one agency into another agency’s programs and services to be more comprehensive and/or better aligned with best practices. The Network could also identify common challenges and barriers and request the Collaborative problem-solve solutions (e.g. changes in funding contracts, advocacy for policy changes at CoC, Riverside County, other jurisdictions). Phase 1 alignment might also include joint application for funding that supports the objectives of the Network and advances progress toward the shared agenda of the Collaborative.

According to the 2018 PIT Count for Riverside County, **73% of single adults were unsheltered** which indicates a critical need for improved crisis response for single adults and couples.

Very few families with children and unaccompanied youth were unsheltered. Additionally, providers reported that all families who are literally homeless and seeking shelter can generally be accommodated so there is not a critical unmet need for emergency shelter for families with children.

The Coachella Valley provides a disproportionate share of the crisis housing response for the Riverside County:

- 63% of all emergency shelter beds within Riverside County are located in the Coachella Valley
- 58% of all transitional housing beds within Riverside County are located in the Coachella Valley

A Snapshot of Emergency Shelter Impacts in the Coachella Valley

Based on review of program data for four of the emergency shelter programs operating in the Coachella Valley:

- For two programs, most admissions were people who were homeless (54% and 74%) – predominately from places not meant for human habitation (i.e. unsheltered). These also had very low rates of exit to housing (16% and 20%) with more exits to places not meant for human habitation (60% and 27%) than to housing.
- Greater emphasis on connecting to housing is needed to break the cycle of repeated homelessness.
- Two programs admitted very few directly from homelessness (11% and 10%). These two programs had the greatest number of admissions from a housed situation living with family members. The two programs had the majority of admissions from housed situations (70% and 69%), had the greatest rate of exits to permanent housing (57% and 55%) but predominately this was living with family members.
- Rapid resolution, rather than shelter admission, may be more effective
- For all four programs, 10-20% of admissions were from institutional settings. This was most frequently jail/prison, substance abuse treatment/detox and hospitals.
- Better discharge planning combined with rapid resolution, rather than shelter admission, may be more effective
- For three programs, the vast majority of those served exited within 30 days. One program had just 41% staying less than 30 days with 46% staying 31-90 days and 5% staying more than 180 days. While this latter group of is small, they may utilize a high proportion of shelter days.
- Rapid resolution and an intensive focus on long-term shelter stayers is likely needed

Note: data was not available for all the emergency shelter programs operating in the Coachella Valley

Objectives of the Crisis Response Network:

Through the creation of a local system of care to respond to the crisis needs of people who experience homelessness in the Coachella Valley, the participating members of the Network, with support from the Collaborative will:

- Offer every homeless family and individual diversion assistance in the CV; if it is not feasible to help the family or individual avoid unsheltered homelessness, strive to provide an offer of emergency shelter that same day.
- Prioritize emergency shelter for those who are unsheltered or at imminent risk of being unsheltered in the Coachella Valley. If there is insufficient emergency shelter capacity, shelter admission should be reserved for the unsheltered individuals and families who are at greatest risk for severe health and safety consequences if not sheltered. Fully utilize existing emergency shelter capacity and closely monitor daily occupancy.
- Encourage all emergency shelters to use best practices to be trauma-informed care, low-barrier admission, and housing-focused. Work to reduce the average length of stay in shelter and increase housing outcomes.
- Assess ways to obtain better access to mainstream programs and services offered by or funded by Riverside County (e.g. detox, supportive services, crisis mental health services, ongoing counseling needs, workforce development, etc.). The Collaborative can advocate with Riverside County if there are barriers to this access.

- Connect individuals who desire substance use recovery services to appropriate treatment resources in a timely manner.
- Manage a multi-agency process that utilizes real-time, by-name list that is focused on the individuals with the longest histories of homelessness in the Coachella Valley and advocate for them to receive priority for HomeConnect.
- Create a mechanism to coordinate street outreach in the Coachella Valley. Encourage all outreach teams to participate in HMIS and the BNL (by name list) processes that are hosted by the Coachella Valley crisis response network and coordinated with the CoC and the VAMC.
- Link households who are currently experiencing domestic violence to programs prepared to meet their safety needs as well as effective at dealing with trauma and the consequences of domestic violence.
- Prioritize for housing interventions those families and individuals who have the longest histories of homelessness and highest housing barriers and rapidly connect them to a viable housing option. Wherever possible, a progressive engagement approach is recommended. Scores from the vulnerability assessment should *not* be the primary basis for prioritization.
- Offer standardized crisis system orientation to new staff and volunteers about how the Coachella Valley community crisis response system to address homelessness is organized. Create other opportunities to share information about programs to keep everyone updated and working together.
- Offer cross-agency training on best practices for organizations and individuals participating in the Coachella Valley community crisis response system, including motivational interviewing, housing first, diversion, rapid rehousing, and other topics.
- Offer community education via faith-based organizations, civic and neighborhood associations, and businesses and business associations about how the community crisis response system to address homelessness is organized and the limitations of the system.

Best and Emerging Practices in Crisis Response

Emergency shelters play a critical role in ending homelessness. Effective shelters should embrace a Housing First approach, offer immediate and low-barrier access to anyone facing a housing crisis, and measure shelter performance in order to improve results. The [Emergency Shelter Learning Series](#) is a collection of webinars and resources from the Alliance focused on explaining the philosophy and practice of effective emergency shelter. One webinar is focused on the role emergency shelter plays within the homeless system's coordinated strategy to safely and appropriately divert households from shelter. Another delves into the operations and practices of shelters that are accessible to people and their animals.

National Alliance to End Homelessness

Key Considerations for Implementing Emergency Shelter Within an Effective Crisis Response System. Emergency shelter can and must play an essential role within an effective, housing-focused crisis response system. However, it should not be assumed that every community in which there are currently people experiencing unsheltered homelessness needs to expand the supply of emergency shelter. Communities should also consider how a broad range of changes and improvements within their crisis response systems will impact the need and demand for emergency shelter and other crisis housing. This [document](#) presents key considerations for ensuring that emergency shelters and similar crisis settings (referred to collectively as "emergency shelters") are equipped to provide low-barrier access and to create quick and effective pathways to permanent housing.

United States Interagency Council on Homelessness

Using Shelter Strategically to End Homelessness. This [brief](#) describes the ways emergency shelter can be part of the solution. Emergency shelter has vital roles to play in Housing First approaches to ending homelessness. To strengthen our models of emergency shelter, we must embrace innovation and change. We must create many pathways — person-centered pathways — out of homelessness. A larger community response must be brought to bear to end homelessness among our neighbors.

United States Interagency Council on Homelessness

Ending Homelessness for People Living in Encampments: Advancing the Dialogue provides communities with guidance for developing a local action plan that engages both residents of encampments and an array of community partners. Four key elements for such action plans are described in more detail within the [publication](#):

1. Preparation and adequate time for planning and implementation
2. Collaboration across sectors and systems
3. Performance of intensive and persistent outreach and engagement
4. Provision of low-barrier pathways to permanent housing

United States Interagency Council on Homelessness

Navigation Center Episcopal Community Services is the lead agency for several of San Francisco's [Navigation Centers](#) that provide a safe, welcoming environment for up to 75 single men, women and couples formerly living in encampments and on the street. The Center provides dormitory-style living quarters, shower, bathroom and laundry facilities, case management offices, an outdoor courtyard, a pet-run and 24-hour dining room access. The Center is open 24 hours a day and provides low threshold programming and intensive case management services that meet the needs of people referred by the Homeless Outreach Team (HOT), the Encampment Resolution Team (ERT) and from the Department of Homelessness & Supportive Housing (DHS).

San Francisco

Building on local successes in collaboration to end homelessness

Through interviews and planning sessions, several initiatives were mentioned that demonstrated progress on reducing and ending homelessness in the Coachella Valley. These initiatives represent multi-stakeholder collaboration among direct service organizations that is focused on reducing unsheltered homelessness. Learning from these efforts can form the basis for the formation and development of the CV Crisis Response Network. These cross-sector collaboratives are described below.

Riverside County CoC and its network of providers have been recognized by the U.S. Interagency Council on Homelessness for **effectively ending homelessness among Veterans**³². There is a system in place to ensure that homelessness is rare, brief, and one-time and Riverside County has met the requirements laid out in the federal criteria and benchmarks for ending homelessness. This remarkable achievement could be studied to apply the lessons learned to the development of the CV Crisis Response Network.

Many stakeholders noted that Riverside County has been responding to growing concerns about the public health and safety hazards associated with large encampments of homeless people. One encampment resolution process along Highway 86 on Cal-Tran property presented a learning opportunity for Riverside County departments to partner with non-profit organizations in the Coachella Valley to coordinate outreach and engagement, provide temporary crisis housing through motel vouchers, place in long term housing through rental vouchers with private landlords, and link to community resources. Although there were many challenges and bumps in the process, the positive benefits of coordination of multiple stakeholders and targeted resources to at least 60 people who were unsheltered. Some people were able to exit homelessness to stable housing while other received crisis housing.

The Indio Community Outreach Resource Program (CORP) was frequently mentioned as an example of a very successful approach to addressing unsheltered homelessness. This cross-sector collaborative effort has also received national recognition for demonstrated success. See the text box below. Many of the public organizations (i.e. district attorney, public defender and the courts) and nonprofit partners (i.e. CVRM) which participate in CORP operate across the Coachella Valley. This could more easily facilitate replication in another jurisdiction if the local government and police department were willing partners. Additionally, the Riverside County Action Plan calls for expansion of specialty courts.

³² <https://www.usich.gov/tools-for-action/communities-that-have-ended-homelessness/> pulled November 15, 2018

How Indio Is Reducing Homelessness and Evaluating Its Progress

Since 2013, Indio, CA has operated the Community Outreach Resource Program (CORP)—a multi-disciplinary, data-driven approach to combating homelessness. **When CORP started in 2013, there were 256 unsheltered persons living in Indo. By 2017, that number had dropped to 89, a 65-percent reduction.**

The CORP initiative begins with the Indio Police Department and its two Quality of Life officers. They focus on reaching out to and understanding the homeless community in Indio and identifying individuals who might be good candidates for the treatment and service components of the program. The target population is homeless individuals who have mental illness and/or substance abuse issues, and who have had previous encounters with the police and the justice system.

Each homeless client is assigned a counselor to guide the person through the program: Based on their individual needs, clients voluntarily enroll in an extensive long-term recovery program at one of the CORP service providers. There are currently five community-based service providers, including the Coachella Valley Rescue Mission, which shelters more than 200 men, women and children in both transitional and emergency housing. Each CORP client is assigned a designated counselor to help guide the individual through the program and to act as a liaison with the Quality of Life officer, who in turn serves as the liaison with the justice system.

A particular focus of CORP is helping people who successfully complete the recovery program to reintegrate into society. The Coachella Valley Rescue Mission also offers an after-care program for individuals who have graduated from the CORP program. This includes substance recovery meetings, as well as continued mental health, substance abuse, medical, housing and employment services. Program graduates can also work on the community's "food box" distribution program.

In addition, the police department works with the district attorney, public defender and the courts to forgive any outstanding fees or fines that program graduates may have. This increases the chances that program graduates can get driver's licenses and locate jobs and housing. To date, 115 CORP clients have had approximately \$300,000 in fines and fees dismissed.

Homeless Persons Express High Levels of Satisfaction After Completing the Program

CORP is undergoing a rigorous process and outcome evaluation led by Dr. Cody Telep of Arizona State University.

Initial findings suggest that after participating in the program, clients have better housing, employment status, and quality of life. And exit interviews indicate that they have a better view of the police department and other components of the justice system after participating in the program.

Excerpted from the [Police Executive Research Forum](#) "The Police Response to Homelessness"

Addressing gaps in the supply of crisis housing options

Families are less frequently unsheltered in the Coachella Valley and across Riverside County; therefore, the existing crisis housing options should continue to be supported. With improved access to Diversion, it should be possible to ensure no child or youth is unsheltered. It may even be possible to reduce this capacity over time and convert those beds to use for single adults.

Due to the severe shortage of crisis housing options for single adults and couples without children, BPA recommends that the Coachella Valley undertake a stepwise approach to expansion of crisis housing options:

- During Phase 1 assess how current crisis housing options within the Coachella Valley focus on the needs of unsheltered single adults and couples without children who are experiencing homelessness in the CV. During Phase 1, organize, optimize and integrate crisis housing options for single adults and couples within the Coachella Valley.
 - o Use assisted rapid resolution (Diversion) first before admitting to emergency shelter
 - o Review current crisis housing to determine reasons for low occupancy and remove barriers to admission for unsheltered single adults and couples without children, including being accessible to people with their animals.
 - o Prioritize currently unsheltered over individuals who are currently housed
 - o Prioritize unsheltered individuals who are experiencing homelessness in the CV
 - o Work with Riverside County to identify alternative referrals for individuals who are unsheltered within Riverside County in areas outside of CV
 - o Build the capacity of all crisis housing providers to provide programs aligned with best practices
 - o Publish progress to ensure all programs achieve performance metrics (see recommendation #1)
- During Phase 1, scale up in other areas (diversion, landlord engagement, rapid rehousing and permanent supportive housing) to create a more rapid through-put from homelessness to stable housing which will make existing programs more effective, efficient and successful. Under-investment in these other areas will create a potential bottleneck result in more discharges into homelessness.
- Given the high number of chronically homeless persons who are among the unsheltered population in the Coachella Valley, there should be attention to scaling up PSH to meet their needs as this will be more effective than expanding crisis response options that are not geared to meet their needs (see recommendation #8)
- Once the system has been organized and other options have been scaled up during Phase 1 and 2, evaluate how to best address remaining gaps in providing crisis and permanent housing solutions based on an updated review of data. See Appendix 5 for guidance on the importance of developing a differentiated response to meet crisis housing needs.

Implementing an active “By-Name List” practice

Communities that have achieved significant reductions in Veteran homelessness generally have a few things in common: a sense of urgency, strong leadership and key stakeholders who meet on a very regular basis. One practice that supports this work is actively using a “By-Name List” and meeting weekly with key partners to ensure that decisions and list updates can be made on a timely and regular basis. This practice, recommended by HUD, VA, and USICH, has also been shown to be effective to address unsheltered homelessness, chronic homelessness, and long-term shelter stayers.

A By-Name List is a real-time, up-to-date list of all people experiencing homelessness which can be sorted or filtered by categories and shared across agencies. The By-Name list is generated with data from the HMIS and other community agencies working to end homelessness. Creating this shareable master list, and continuously updating it, ensures that all providers and partners are on the same page and have a clear identified group of people who need housing. This tool allows communities to know every person experiencing homelessness by name, in real time without having to wait for a PIT count. A By-Name list also facilitates community decisions on how to identify the needs of each person, target those who may be eligible for various programs and prioritize people who are most in need of housing and services.

There are four building blocks to a By-Name list:

1. **Targeted Outreach:** Having an organized and intentional outreach plan prevents duplication of outreach workers and ensures full geographic coverage.
2. **Standardized Assessment Tool:** Establishing a By-Name list requires a common assessment tool for the purpose of making informed referrals to the most appropriate housing and services as soon as possible.
3. **Release of Information (ROI):** An ROI allows coordinating agencies to add to and access the By-Name list.
4. **Data Platform:** A proficient and comprehensive data platform makes a By-Name list more effective and efficient. The data platform is not a waiting list for those needing housing, as no person is ever removed from the database; rather, his/her status changes (e.g. inactive, housed, refusing services, etc.). It is critical that the list be updated frequently to remain a useful tool.

Continuous Quality Improvement is an important practice to evaluate the process and ensure timely adjustments are made.

Excerpted from [Vets@Home Toolkit](#): Identifying and Engaging Veterans Experiencing Homelessness, US Department of Housing and Urban Development, September 2015.

Suggested partners

Homeless assistance organizations: providers of outreach, shelter, transitional housing, rapid rehousing, and permanent supportive housing; Riverside County CoC

Community organizations that provide emergency assistance: faith-based, non-profit, neighborhood; including food pantries, community kitchens

Community organizations that provide stabilizing services: faith-based, non-profit, neighborhood organizations that provide vocational services, employment, income and benefits, financial counseling and coaching, etc.

Healthcare system: hospitals, urgent care centers, community health centers/FQHCs, public health, behavioral health providers (mental health and substance use disorders)

Criminal justice system: police, sheriff, courts, jails, community corrections, probation and parole officers

Child welfare system: public children's services, community providers who support child abuse prevention, family reunification and foster care

Governments: CVAG, jurisdictional leaders and staff, schools, Riverside County

Philanthropy: foundations, United Way, prospective donors

Pillar Four: Increase Exits to Housing and Services**6****Increase access to affordable rental housing by preserving housing options and establishing a coordinated and collaborative landlord recruitment initiative.****Description***Preserve affordable rental housing*

With a severe shortage of affordable rental housing, the Coachella Valley must make every effort to preserve existing affordable housing residences, including non-traditional housing like weekly hotels/motels, SROs, rooming houses, and group homes. Given that many buildings are in poor condition, efforts to work with property owners to make required improvements for health and safety will be necessary.

The following steps are recommended:

- Develop an inventory of existing traditional and non-traditional affordable housing; at minimum develop a list of owners that can be used to connect and determine their interest in upgrading and keeping their properties affordable to low income renters with histories of homelessness.
- Review units developed using the Low Income Housing Tax Credit (LIHTC) and other assisted housing developments to understand the timeline for expiration of affordability requirements and engage with the owners to develop ways to extend the affordability of these units.
- Bring together potential investors, banks, Jurisdictions/County housing and community development staff and Jurisdictions/County code enforcement to develop a mechanism to fund repairs in exchange for long-term affordability requirements.
- Set up a series of workshops for owners to promote preservation through rehab.
- Create a protocol with code enforcement that connects with housing and community development to advance efforts to preserve affordable rental housing.
- Determine if a public policy advocacy strategy is needed to preserve affordable rental housing and then, if needed, act on that strategy. Align with Lift to Rise in its public policy advocacy in this area.

Existing federal, state, and local resources and partners should be aligned to implement the above recommendations. Cities within the Coachella Valley should be approached to explore how a portion of the funds collected through Transient Occupancy Taxes might be used to support this recommendation.

Partner with existing affordable rental housing providers

To enhance housing placement options and support through landlord engagement and recruitment and development of a landlord mitigation fund to incentivize landlords to participate in The Coachella Valley Collaborative to End Homelessness Collaborative.

Landlord engagement/recruitment – development of a position, that engages landlords and develops a cadre of landlords with affordable rental units willing to rent to homeless individuals and families who may have less than perfect credit histories, low income to rent ratios, poor job stability and prior evictions. These positions could also educate landlord about domestic violence and mitigate harmful policies, such as ‘zero tolerance’ for crime, which can lead them to exclude families experiencing domestic violence. This should result in real-time listings of available units that are willing to receive referrals from homeless assistance programs.

Landlord mitigation fund – a mitigation fund is an added protection for landlords who are willing to reduce screening criteria to rent to someone with limited income, poor rental history, history as a

survivor of domestic violence, etc. If there are excessive damages to the unit, lost rent, or legal fees beyond the security deposit, property owners can be reimbursed for damages up to a specific amount. This can be particularly helpful in areas with extremely low vacancy rates. It can serve as both a damage fund and short-term vacancy reimbursement, so the unit is not lost to the larger market.

Population

Enhanced access to affordable rental housing will benefit all populations including families with children, single adults, couples, youth and young adults, survivors of domestic and interpersonal violence, Veterans, and chronically homeless.

Rationale

The US Interagency Council on Homelessness, noted in May 2018, “Private market landlords are critical partners in the work to help people quickly exit homelessness. Strong connections to landlords are even more important in high-cost, low-vacancy markets, where affordable housing options are limited and even those with a voucher may find themselves unable to locate a unit. Successful landlord partnerships are locally driven and involves ongoing engagement. No single approach is the answer - the unique needs and assets of each community must be taken into account.” They have published a tool kit of strategies³³ that have been successful in other communities, even those with tight rental markets.

Suggested partners

Landlords and housing providers: private for-profit and non-profit rental housing property owners and managers; associations that represent them – e.g. apartment associations and other real estate groups

Governments: CVAG, jurisdictional leaders and staff, schools, Riverside County Housing Authority

Homeless assistance organizations: providers of outreach, shelter, transitional housing, rapid rehousing, and permanent supportive housing; Riverside County CoC

Healthcare system: hospitals, urgent care centers, community health centers/FQHCs, public health, behavioral health providers (mental health and substance use disorders)

Philanthropy: foundations, United Way, prospective donors

³³ <https://www.usich.gov/solutions/housing/landlord-engagement/> pulled November 15, 2018

Pillar Four: Increase Exits to Housing and Services

7 Align Rapid Rehousing funding and programs with best practices approach, including progressive engagement, scale up as needed.

Description

The Coachella Valley Collaborative to End Homelessness should scale up Rapid Rehousing (RRH) that uses best practices approach, including progressive engagement; ensure resources are tightly targeted to households that will be unable to exit homelessness without this assistance. The CV Collaborative should join forces to provide additional funding public and private funders to scale up rapid rehousing to serve unsheltered single adult households, which is the greatest gap, and families with children.

Rapid rehousing offers a cost-efficient and effective way to help people exit homelessness. Rapid rehousing, informed by a Housing First approach, is a critical part of a community’s effective homeless crisis response system. Rapid rehousing rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

There are three core components of rapid rehousing³⁴: 1) Housing Identification; 2) Rent and Move-In Assistance; and 3) Rapid Rehousing Case Management and Services. The National Alliance to End Homelessness has many resources available to help programs implement effective rapid rehousing, including rapid rehousing performance benchmarks and program standards.

New Evidence on Rapid Rehousing

Abstract

Rapid re-housing is a short-term, crisis response intervention intended to minimize a household’s time spent homeless. The approach aims to help people exit homelessness and stabilize in housing as quickly and efficiently as possible. It provides housing search services, short-term financial assistance (e.g., help paying rent and move-in costs), and case management services. Research on rapid re-housing is still emerging. This paper reviews the evidence to date, which shows that the model has been successful in helping families and veterans exit homeless shelters to live in housing units in the private rental market faster than they would on their own and for lower cost. Most families and veterans do not become homeless again; though many struggle with ongoing housing affordability, like other low-income renters. These findings suggest that rapid re-housing could be a scalable and cost-effective crisis response intervention that could help communities address homelessness more effectively.

Rapid Re-housing’s Role in Responding to Homelessness:

What the Evidence Says

Urban Institute, October 2018

Rapid rehousing is being implemented in the Coachella Valley and across Riverside County by a number of providers. Based on available program data for Coachella Valley programs, the length of assistance appears to be quite long – usually more than 12 months with relatively few households exiting to stable permanent housing. Very few households receive shorter term assistance of one to four months which would suggest that progressive engagement is not being used. Providers reported struggling with helping households attain sufficient income to maintain their housing when the rental subsidy ended. This appears to be due in part to the twin challenges of lack of quality affordable rental housing and the low wages paid in the Coachella Valley. Riverside county was not able to provide the necessary program and outcomes data during this consultation to fully explore the underlying causes of low program performance. A further evaluation is warranted to assess how programs can be improved to align with best practices.

³⁴ <https://endhomelessness.org/rapid-re-housing-works/> and <https://endhomelessness.org/resource/rapid-re-housing-performance-benchmarks-and-program-standards/> pulled November 19, 2018

Progressive Engagement

Progressive Engagement, a nationally recognized emerging practice in addressing homelessness, provides customized levels of assistance and preserves the most expensive interventions for households with the most severe barriers to housing success.

By starting with a small amount of assistance and then adding more assistance only when needed, progressive engagement empowers the family or individual to leverage their own assets, capabilities, and resilience to succeed.

For most households, a small amount of assistance is enough to stabilize, but for those who need more, more assistance is provided. This flexible, individualized approach maximizes resources by only providing the most assistance to the households who truly need it.

This approach is supported by research that household characteristics such as income, employment, substance use, etc., cannot predict what level of assistance a household will need.

There appears to be a shortage of rapid rehousing placements available to families and individuals who need RRH to exit homelessness. Recently (October 2018), 45 Coachella Valley households had been assessed as eligible for RRH but had been unable to be matched to RRH due to lack of RRH capacity. During the consultation, significant concerns were raised that contracts for RRH programs were structured in ways that significantly impeded providers from implementing RRH using progressive engagement techniques. Also mentioned were CoC policies and procedures imposed on HomeConnect that result in delays filling openings, mismatches between household needs and RRH program models, and referrals of households that were no longer homeless. The significant lack of resources for “one-shot” housing assistance (first month’s rent, security deposit, application fees, and move-in costs) was missing for households who did not require longer term assistance in order to exit homelessness.

Providers reported, and available data showed, that some families and individuals were referred who had zero income at the time of referral. Linkages to employers and employment services and supports seemed to be challenging for RRH programs to make quickly. There are emerging practices that other communities are using to overcome this challenge that might be useful for application in the Coachella Valley (see text box).

Additionally, providers noted that they were receiving referrals for individuals who were chronically homeless and would be better served by PSH. Consequently, they encountered challenges related to need for participants to quickly gain income from SSI/SSDI, access to long term rental assistance to sustain participants beyond the term of the time-limited rental assistance available through RRH, and concerns about need for ongoing supportive services. One idea that emerged was to make it possible for RRH households who demonstrated need for ongoing rental assistance to be able to receive a housing voucher from the Riverside County Housing Authority and/or receive PSH placement through HomeConnect.

There are several federal funding sources that are currently being deployed for rapid rehousing: SSVF (award by VA), CoC (awarded by CoC), and State ESG (awarded by County). CalWORKs Housing Support Program promotes housing stability for families in the CalWORKs program, utilizing best practices from the Rapid Rehousing Program model. The Riverside County Housing Authority administers the Housing Support Program on behalf of Riverside DSS.

Connecting Rapid Rehousing Participants with Employment

Integrating Rapid Re-Housing & Employment: Program & Policy Recommendations for Enhancing Rapid Re-Housing

This issue/policy brief by the Heartland Alliance National Initiatives on Poverty & Economic Opportunity, was drawn upon more than a dozen interviews and site visits with rapid re-housing providers from across the country. The report shines a spotlight on why robust employment, training, and related supportive services are key to the success of rapid re-housing participants. The report offers program-level recommendations for enhancing the design and delivery of rapid re-housing with employment supports and puts forth policy ideas for helping to ensure the rapid re-housing model provides pathways to employment and economic opportunity.

Heartland Alliance National Initiatives on Poverty & Economic Opportunity, Chicago, Illinois May 2017
<http://nationalinitiatives.issuelab.org/resource/integrating-rapid-re-housing-employment-program-policy-recommendations-for-enhancing-rapid-re-housing-2.html>

REDF – employment social enterprise

Based in San Francisco and Los Angeles, REDF (The Roberts Enterprise Development Fund) is a pioneering venture philanthropy that is leading a national movement of employment-focused social enterprises—mission-driven, revenue-generating businesses that invest the money they earn into transforming lives: they hire, train, and support people who are striving to overcome employment barriers including homelessness, incarceration, substance abuse, mental illness, and limited education. Social enterprises can be essential partners to programs assisting people exiting homelessness. A recent evaluation of REDF by Mathematica Policy Research revealed many positive impacts.

<http://redf.org>

Secure Jobs, Massachusetts

The Secure Jobs model was developed to provide integrated housing and employment services to support families from homeless to housed, and from unemployed (or under-employed) to employed. Most families received two-year housing assistance vouchers and one year of employment supports. Employment services were provided through partnerships between the housing providers and the one-stop employment centers. Sixty-six percent of participants were connected to employment by the end of the program.

The evaluation found that the factors critical to gaining employment in Secure Jobs were related to work supports: having access to child care and stable housing. A statistically higher percentage of families who accessed housing assistance gained and remained employed, compared to a group who did not have housing assistance. It also found that employment can stabilize housing. Those participants who found employment through Secure Jobs were less likely to enter shelter in the two years following program entry.

Institute on Assets and Social Policy, Brandeis University, *Final Report for Massachusetts' Secure Jobs Initiative*, April 2017 http://iasp.brandeis.edu/pdfs/2017/FINAL%20Secure_Jobs_Report_Outcomes.pdf

Stable Families Young Parent Program, Hennepin County, Minnesota

The Stable Families Young Parent Program (YPP) was a pilot program that targeted homeless families headed by young parents who: 1) are under the age of 25, 2) entered shelter in 2014, and 3) had at least one stay in shelter in 2012 or 2013. Pilot services included a two-year rent subsidy, early childhood and parent education programming, as well as an array of support services tailored to meet the needs of each family. Case managers met with clients in their home at least once per week, and families received biweekly sessions with early childhood specialists. YPP participants increased their average monthly income by 77 percent compared to the control group (35 percent increase). Families also had access to enhanced employment services, and 42 percent participated. Of those who participated, 50 percent secured jobs.

Hennepin County Center of Innovation and Excellence, *Stable Families Initiative: Evaluation Report of Pilot Program*, April 2016

Recommendations to improve rapid rehousing

The following actions are recommended to improve alignment with best practices and scale RRH investment to match the needs of families and individuals who require RRH to exit homelessness.

- With Riverside County executive office, review current contracting and funding practices for RRH to sure funding contracts support best practices, including progressive engagement.
- Partner with the Riverside County CoC to identify ways to expedite and streamline referrals from HomeConnect for RRH and align with best practices including progressive engagement.
- Identify resources to support “one-shot” housing assistance for households who did not require longer term assistance in order to exit homelessness
- Review current program data and outcomes for the programs that provide RRH and work to improve performance in serving more households, reducing length of participation and increasing exits to permanent housing
- Work to embed employment services and supports into the RRH programs. Partner with Riverside County to identify ways to link and provide the necessary employment supports for RRH participants to increase their income to be able to sustain housing after exiting RRH.
- Convene a discussion between the CoC, HomeConnect, and RRH providers to explore when a referral of a chronically homeless household is appropriate and how to better align community resources with the RRH provider to increase the likelihood of success. Community alignment and focusing on best practices is required and should include: access to SOAR³⁵-trained specialists to assist with SSI/SSDI acquisition; RRH providers are trained and staffed to implement critical time intervention³⁶; linkages to Riverside County for a housing voucher and/or PSH placement if the household will be unable to sustain housing at the end of the time-limited rental assistance; and linkages to Riverside County programs and services that provide intensive behavioral health and healthcare supports.
- Offer cross-agency training on best practices in RRH, including progressive engagement, motivational interviewing, landlord-tenant regulations, housing placement, SOAR, and critical time intervention.

Population

Single individuals, youth, and families with children, non-Veteran, including victims of domestic violence.

Rationale

Effective, targeted deployment of RRH can reduce length of time homeless and make emergency shelter more efficient. RRH can reduce unsheltered homelessness and should be more easily accessible to street outreach workers. There is a very limited amount of RRH available to families and individuals in the Coachella Valley. Without many system and program improvements, RRH will fall short of meeting the needs of families and individuals as well as achieving the community’s vision.

³⁵ SSI/SSDI Outreach, Access, and Recovery (SOAR) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.

³⁶ Critical Time Intervention (CTI) is a time-limited evidence-based practice that mobilizes support for society’s most vulnerable individuals during periods of transition. It facilitates community integration and continuity of care by ensuring that a person has enduring ties to their community and support systems during these critical periods. <https://www.criticaltime.org/cti-model/>

Many inter-related system improvements are needed to achieve the full promise of RRH. Full implementation of recommendation #6 (landlord recruitment and mitigation fund) will be essential to reduce the time from housing match to move-in. The HomeConnect referral process needs to be improved to respond more quickly to RRH program openings – this is essential to ensuring full utilization of RRH program resources. Riverside County is an essential partner to improve the impact and quality of RRH – without this partnership, RRH programs are ill-equipped to meet the needs of RRH participants. RRH providers must also build their capacity to implement best practices, including progressive engagement, and deliver high quality services and housing.

Additional resources will be required in addition to the system improvements described above. There is a tremendous opportunity to access and leverage the California HEAP and CESH to advance the strategies described in this section. The Collaborative must identify new resources to provide the “one-shot” flexible housing assistance – it’s a critical tool for RRH.

The Riverside County Action Plan calls for the expansion of RRH, so implementation of this recommendation could leverage that effort.

Suggested partners

Landlords and housing providers: private for-profit and non-profit rental housing property owners and managers; associations that represent these providers

Access to benefits: SOAR specialists, legal aid

Employers and employment assistance programs: Riverside County Workforce Development Board (WDB), CV chambers of commerce

Governments: CVAG, jurisdictional leaders and staff, schools, Riverside County Housing Authority

Homeless assistance organizations: providers of outreach, shelter, and rapid rehousing; Riverside County CoC

Healthcare system: hospitals, urgent care centers, community health centers/FQHCs, public health, behavioral health providers (mental health and substance use disorders)

Philanthropy: foundations, United Way, prospective donors

Pillar Four: Increase Exits to Housing and Services	
8	Scale up Permanent Supportive Housing (PSH) that uses best practices approach and expand access to housing with services in other settings

Description

The Coachella Valley Collaborative to End Homelessness should scale up **Permanent Supportive Housing (PSH)** that uses best practices approach³⁷, targeted to those who experience chronic homelessness and at greatest risk of chronic homelessness, and expand access to housing with services in other settings:

- Expand Scattered Site PSH through partnerships to access housing vouchers/rental assistance and enhanced health care services, especially mental health services.
- Establish a PSH development pipeline that also creates additional affordable rental housing units
- Inventory and facilitate access to shared housing, independent livings (quality board and care) and other settings to be determined.
- Enhance partnerships with Riverside County and the Riverside County CoC to enhance services in PSH and expedite referrals for PSH vacancies.

Permanent supportive housing (PSH) is permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability. PSH provides community-based housing to enable formerly homeless individuals and families to live as independently as possible. The Housing First approach is a cornerstone of effective PSH programs. The first priority for admission to PSH should be those who experience chronic homelessness. PSH can be at a single site model or a scattered site model. Numerous cost studies across the country have demonstrated the cost-effectiveness of PSH.

PSH has been demonstrated to be effective in ending chronic homelessness. The VA administers HUD-VASH (permanent supportive housing for Veterans) in partnership with the Riverside County Housing Authority and is one key reason that Riverside County has been recognized for effectively ending homelessness among Veterans.

With rising counts of unsheltered households experiencing homelessness on the streets of Coachella Valley, and current permanent supportive housing dedicated to these households at near capacity, it has become clear that additional housing resources are needed. With 220 Coachella Valley households currently awaiting PSH, many more units will be needed over the next few years to provide to effect positive change.

There are a number of PSH programs that receive funding from the CoC to provide PSH across the CoC and some projects are specific to the Coachella Valley. Initial data analysis suggests that overall results are excellent, PSH is targeted to chronically homeless, and appear to be aligned with Housing First practices.

HomeConnect has a growing list of individuals that eligible for PSH but unlikely to receive it due to the shortage of available units. Planning participants noted that frequently by the time an individual rose to the top of the list, they had already exited homelessness or disappeared. Many communities are confronting the challenge of growing waiting lists of people who have been assessed at a rate greater than the supply of housing available within coordinated entry system. Over the past couple years, national experts have begun encouraging CoC's to

³⁷ <https://www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf> pulled November 19, 2018

align with the principles of dynamic prioritization³⁸. Whereby, the coordinated entry system's prioritization process makes all available housing resources for persons experiencing homeless in a given community flexibly and immediately offered to the individuals who need them most acutely in that moment, regardless of whether the individuals might be better-served in the future by a type of program not presently available to them. Dynamic prioritization also means that the "list" is right-sized to available resources rather than being a growing list that far exceeds available resources. Individuals who are not prioritized for the housing within coordinated entry, instead receive assisted rapid resolution (Diversion) and linkage to other community resources outside of the coordinated entry system.

Recommendations to expand permanent supportive housing

Specific actions that are recommended include:

Strategy One: Deploy housing vouchers with services for chronically homeless individuals. Riverside County Housing Authority (RCHA) should explore how it can provide additional housing choice vouchers to create both master leased and sponsor based PSH in partnership with Riverside County (DBH, DPH, and DSS) and healthcare partners (community medical centers and other healthcare systems, managed care organizations, and FQHCs). Partner with the CoC to include expansion of scattered site PSH as CoC priority for new projects.

Model Program: Brilliant Corners

Brilliant Corners partners with public health, housing, and other agencies, including the San Francisco Department of Public Health and Los Angeles County Department of Health Services to design and implement innovative scattered-site housing programs for people who need rapid access to quality, permanent supportive housing. In Los Angeles, Brilliant Corners is the lead agency for the Flexible Housing Subsidy Pool by working to secure a broad range of housing options, including single family homes, individual apartment units, blocks of units or entire buildings, including roommate/shared housing. Brilliant Corners identifies and secures units County-wide; provides move-in assistance, permanent and fixed-term rental subsidy disbursement; coordinates with case managers; and assists with landlord/neighborhood relations.

<http://brilliantcorners.org/brilliant-solutions/housing-for-health/>

Strategy Two: Establish a PSH development pipeline that also creates additional affordable rental housing units. The pipeline should provide units through new development, rehab of existing rental properties, and conversion of other residential properties.

- Convert available residential properties (e.g. motels, residential treatment, nursing homes, etc.) into PSH. These properties may be able to be cost-effectively and quickly renovated as well as have features that are critical to PSH, including staff offices, community rooms, and centrally controlled entryways. Local governments should assist with identifying appropriate properties and expedite any approvals necessary to support the conversion.
- Preserve affordable housing and set aside a portion of the units for PSH. The Mental Health Association of Oklahoma³⁹ has used this approach to preserve rental housing while adding units targeted for use as PSH. The services partnerships will need to be created for each development using similar partners for the voucher-based expansion described above. If possible, use the internal subsidy model used by MHAOK to reduce need for rent subsidies.
- Build new PSH –The services partnerships will need to be created for each development using similar partners for the voucher-based expansion described above.

³⁸ Moving Past a Waiting List to Nowhere: The Case for Dynamic Prioritization, [Center for Evidence-based Solutions to Homelessness](http://www.evidenceonhomelessness.com/wp-content/uploads/2018/03/Dynamic-Prioritization-post-1.pdf), Abt Associates, <http://www.evidenceonhomelessness.com/wp-content/uploads/2018/03/Dynamic-Prioritization-post-1.pdf> pulled November 15, 2018

³⁹ <http://mhaok.org/our-work/our-housing-model/housing-model/> pulled November 19, 2018

- Partner with the CoC to include expansion of PSH as CoC priority for new projects
- Optimize new state funding for PSH. To support affordable housing in general and housing supports for homeless individuals and families in particular, RCHA should explore opportunities to utilize Low Income Housing Tax Credits along with other financial instruments to create permanent supportive housing. Currently, the State of California is anticipating both competitive and noncompetitive funding for the No Place Like Home initiative (2018 Proposition 2)—a continuation of the Mental Health Services Act. These funds provide capital for development along with supportive services dollars.
- Develop a new Riverside County financing fund that provides an ongoing revenue source, as well as, use LIHTC and other affordable rental housing development tools.
- Establish new local funding to build, operate, and provide services
- Consider development of senior-specific housing to address the growing number of seniors who are experiencing homelessness.

Strategy Three: Given the incredibly tight rental market and overall shortage of affordable rental units, non-traditional permanent housing options need to be considered. This could include:

- Improve and expand independent living – these privately-owned homes or complexes provide housing for adults with mental illness and other disabling health conditions. They serve residents that do not need medication oversight, are able to function without supervision, and live independently. Based in San Diego, the Independent Living Association⁴⁰ has developed quality standards that are best practices for Independent Livings and provides an online directory of certified independent livings. This model could be brought to the Coachella Valley to expand housing options for homeless and other individuals with low incomes who experience mental illness.
- Develop worker dormitories/bunk houses for employed individuals. Residents live in a safe and secure dormitory-style environment and are not required to participate in any program functions. Individuals pay a daily, weekly or monthly rate to live in the facility. Residents are self-sufficient and provide their own food and hygiene, the facility provides bedding and lockers. Residents may have access to on-site medical care, limited case management and connection to employment specialists. The 24/7 programs are self-funded. In Houston, one operator is Harmony House⁴¹.
- Develop shared housing options. A recent Harvard report⁴² describes promising practices in shared housing defined as using written agreements to formalize the co-residence of two or more-family units within the same housing unit where each family unit contributes to the household's finances using its own income or benefits. Shared housing tends to result in a somewhat equal power dynamic, wherein each family unit feels that it has a claim to the space. Shared housing is not time-limited or temporary housing. There are many forms of shared housing. One agency that specializes in this model is Sacramento Self-Help Housing⁴³.

Strategy Four: Enhance partnerships with Riverside County and the Riverside County CoC to enhance services in PSH and expedite referrals for PSH vacancies Partner with the Riverside County CoC to identify ways to expedite and streamline referrals from HomeConnect for PSH and align with best practices including progressive engagement.

⁴⁰ <https://ilasd.org> pulled November 15, 2018

⁴¹ <http://harmonyhouse.org/residential-housing/> pulled November 15, 2018

⁴² <https://www.innovations.harvard.edu/creating-shared-home-promising-approaches-using-shared-housing-prevent-and-end-homelessness> pulled November 15, 2018

⁴³ <http://www.sacselfhelp.org> pulled November 15, 2018

- Partner with the Riverside County CoC to explore if and how dynamic prioritization might be a strategy considered to improve the efficiency and effectiveness of HomeConnect.
- Provide all PSH residents access to SOAR⁴⁴-trained specialists to assist with SSI/SSDI acquisition.
- Enhance linkages to Riverside County programs and services that provide intensive behavioral health and healthcare supports.

Population

Single individuals without children, non-Veteran who are chronically homeless, including seniors.

Rationale

There is a very limited amount of PSH available to families and individuals. Using the USICH SHOP tool and 2018 PIT data, at least 325 additional PSH units are needed to end chronic homelessness across Riverside County⁴⁵. Given the incredibly tight rental market and overall shortage of affordable rental units, non-traditional permanent housing options also need to be considered, especially for those at greatest risk of chronic homelessness. Effective, targeted deployment of PSH can reduce length of time homeless, make emergency shelter more efficient and break the cycle of homelessness. This may also contribute to more efficient and effective RRH if PSH is able to be deployed as “back door” from RRH when it’s not sufficient to provide long-term housing stability.

There is a tremendous opportunity to access and leverage the California HEAP, and the recently approved Proposition 1 and Proposition 2 to advance the strategies described in this section. The Riverside County Action Plan calls for the expansion of PSH so implementation of this recommendation could leverage that effort.

Suggested partners

Landlords and housing providers: private for-profit and non-profit rental housing property owners and managers; associations that represent these providers

Banks and other potential investors

Access to benefits: SOAR specialists, legal aid

Governments: CVAG, jurisdictional leaders and staff, schools, Riverside County (Housing Authority, DBH, DPSS)

Homeless assistance organizations: providers of outreach, shelter, and permanent supportive rehousing; Riverside County CoC

Healthcare system: hospitals, urgent care centers, community health centers/FQHCs, public health, behavioral health providers (mental health and substance use disorders)

Philanthropy: foundations, United Way, prospective donors

Community organizations: faith-based, non-profit, neighborhood

⁴⁴ SSI/SSDI Outreach, Access, and Recovery (SOAR) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.

⁴⁵ U.S. Interagency Council on Homelessness, SUPPORTIVE HOUSING OPPORTUNITIES PLANNER (SHOP): USING SUPPORTIVE HOUSING TO END CHRONIC HOMELESSNESS <https://www.usich.gov/tools-for-action/supportive-housing-opportunities-planner-shop-tool/>

Moving Forward

In a perfect world, the organizations working to solve homelessness would stop and move forward in coordinated steps from planning to implementation. Since that is not possible, organizations must move forward in parallel with providing existing services while retooling approaches and developing new capacities.

The first steps after acceptance of this report by the Desert Healthcare District, should be seeking the endorsement of CVAG Homelessness Committee, the Riverside County Executive Office, and the Riverside County CoC. DHCD should partner closely with CVAG to launch the collective impact initiative and identify a staffing structure to support implementation. In short order, the collective impact board should begin establishing a work plan and priorities for Year 1 and 2. Some recommendations can be advanced more quickly as new state and federal resources are secured and by partnering with the private sector to identify new local resources that can support the implementation of the work plan and priorities for Year 1 and 2. Using the collective impact process and framework, the plan will evolve over time.

Always the “north star” for the Coachella Valley Collaborative to End Homelessness should be to bring a functional end to homelessness – making it rare, brief and non-recurring. The residents of neighborhoods across the Coachella Valley – those who are housed and those who are without – should be able to see the first-hand impact of this effort over the next few years.

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The collective for impact

The Path Forward: recommendations to advance an end to homelessness in the Coachella Valley

Appendices to the

Report to the Board of the Desert Healthcare District

November 27, 2018



Table of Appendices

Appendix 1: Glossary of Definitions and Terms

Appendix 2: Coachella Valley Unsheltered Count, 2018 Point in Time by community

Appendix 3: Summary of Residential Homeless Assistance Programs Located in the Coachella Valley

Appendix 4: Sample performance metrics

Appendix 5: Guidance on Process to Expand Crisis Housing for Single Adults and Couples

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Appendix 1: Glossary of Definitions and Terms

Definitions of Homelessness

There are two definitions of homelessness commonly used nationally, the U.S. Department of Housing and Urban Development and the U.S. Department of Education; both were established by Congress in the original McKinney-Vento Act Homeless Assistance Act of 1987 and have been updated over time by Congress. The Department of Education definition is often referenced as “McKinney-Vento”.

The Department of Housing and Urban Development defines four categories: literally homeless, imminent risk of homelessness, homeless under other Federal statutes and fleeing/attempting to flee domestic violence. These are:

1. “Literally homeless individuals/families Individuals and families who lack a fixed, regular, and adequate nighttime residence, which includes one of the following: Place not meant for human habitation. Living in a shelter (Emergency shelter, hotel/motel paid by government or charitable organization). Exiting an institution (where they resided for 90 days or less AND were residing in emergency shelter or place not meant for human habitation immediately before entering institution).

2. Individuals/families who will imminently (within 14 days) lose their primary nighttime residence, which includes ALL of the following: Have no subsequent residence identified and lack the resources or support networks needed to obtain other permanent housing

3. Unaccompanied youth (under 25 years of age) or families with children/youth who meet the homeless definition under another federal statute and includes ALL of the following: Have not had lease, ownership interest, or occupancy agreement in permanent housing at any time during last 60 days Have experienced two or more moves during last 60 days Can be expected to continue in such status for an extended period of time because of: chronic disabilities, OR chronic physical health or mental health conditions, OR substance addiction, OR histories of domestic violence or childhood abuse (including neglect) OR presence of a child or youth with a disability, OR two or more barriers to employment

4. Individuals/families fleeing or attempting to flee domestic violence, dating violence, violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member and includes ALL of the following: have no identified residence, resources or support networks, lack the resources and support networks needed to obtain other permanent housing” (HUD).

The second definition is used nationally by school districts under the McKinney-Vento Homeless Education Assistance Improvements Act of 2001 which added protections for children. The McKinney-Vento education definition defines a homeless child or youth as one who lacks a “fixed, regular, and adequate nighttime residence”. It includes the following individuals:

- Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason
- Children and youths who may be living in motels, hotels, trailer parks, shelters

The Path Forward: toward an end to homelessness in the Coachella Valley

- Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings
- Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, or
- Migratory children who qualify as homeless because they are children who are living in similar circumstances listed above (California Department of Education).

Definitions of sub-populations who experience homelessness

Chronic homelessness is experienced by an individual or family with a disabling condition who has been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years.

Homeless Veteran is an individual who was served any branch of the U.S. military. All Veterans including those who are ineligible for Veteran Health Administration benefits.

Homeless Youth are typically defined as unaccompanied youth ages 12 and older (up to age 24) who are without family support and who are living in shelters, on the streets, in cars or vacant buildings, or who are “coach surfing” or living in other unstable circumstances.

Unsheltered Homelessness means living in places not meant for human habitation, i.e. tents, cars and RVs, abandoned buildings, encampments, or sleeping on sidewalks, doorways, etc.

About the System of Care

Continuum of Care (CoC) A community planning body required by HUD to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. Continuum of Care is often used to refer to the system of programs to address and prevent homelessness as well as the body the coordinates such efforts.

- The County of Riverside Continuum of Care convenes and supports the regional CoC. Membership is open to all organizations – private and public – that address homelessness within the region.

Coordinated Entry System (CES) is a community-wide process to outreach to and identify households experiencing homelessness, assess their needs, and prioritize access to programs and resources to end their homelessness. An effective coordinated entry process includes prioritization, Housing First orientation, emergency services, standardized assessment, referral to housing, outreach, and use of HMIS.

- The CoC has designated Riverside University Health System – Behavioral Health as the lead agency to facilitate the CES on behalf the agencies which participate.

Homelessness Management Information System (HMIS) is a computerized data collection tool designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness.

- The CoC has designated Riverside County Department of Public Social Services Homeless Programs as the lead agency to facilitate the HMIS on behalf the agencies which participate.

Point in Time (PIT) – A snapshot of the homeless population taken on a given day. Since 2005, HUD requires all CoC applicants to complete this count every other year in the last week of January. This count includes a street count in addition to a count of all clients in emergency and transitional beds.

- The CoC conducts the regional PIT with community volunteers and CoC member organizations.

Interventions and Practices

Bridge Housing is interim housing used as a short-term stay when a Veteran has been offered and accepted a permanent housing intervention (e.g., SSVF, HUD-VASH, Housing Coalition/CoC) but, is not able to immediately enter the permanent housing.

Diversions (assisted rapid resolution) is aimed at helping households stay safely in current housing or, if that is not possible, move to other housing without requiring a shelter stay first. Priority is given to households who are most likely to be admitted to shelters or be unsheltered if not for this assistance.

Emergency Shelter is any facility designed to provide temporary or transitional shelter for people who experience homelessness, typically (but not exclusively) for a period of 90 days or less. Supportive services may or may not be provided in addition to the provision of shelter. HUD encourages average length of stay to be less than thirty (30) days.

Housing First is an approach to ending homelessness that centers on providing people experiencing homelessness with housing as quickly as possible – and then providing services as needed. The basic underlying principle of Housing First is that people are better able to move forward with their lives if they are first housed.

Homelessness Prevention is a range of types of assistance that is aimed at helping households avoid eviction or homelessness.

Permanent supportive housing (PSH) is decent, safe, affordable, community-based housing that provides disabled tenants with the rights of tenancy and links to voluntary and flexible supports and services for people with disabilities who are experiencing chronic homelessness.

Progressive Engagement refers to a strategy of starting with a small amount of assistance and then adding more assistance only when needed. Progressive Engagement, a nationally recognized emerging practice in addressing homelessness, provides customized levels of assistance and preserves the most expensive interventions for households with the most severe barriers to housing success. For most

The Path Forward: toward an end to homelessness in the Coachella Valley

households, a small amount of assistance is enough to stabilize, but for those who need more, more assistance is provided. This flexible, individualized approach maximizes resources by only providing the most assistance to the households who truly need it. This approach is supported by research that household characteristics such as income, employment, substance use, etc., cannot predict what level of assistance a household will need. Progressive Engagement is a strategy to enable service delivery systems to effectively target resources.

Rapid Rehousing places a priority on moving a family or individual experiencing homelessness into permanent housing as quickly as possible, ideally within 30 days of a client becoming homeless and entering a program. Time-limited services may include housing identification, rent and move-in assistance, and case management.

Transitional Housing is a type of temporary housing and appropriate support services to homeless persons to facilitate movement to independent living within 24 months. HUD encourages that this be a limited portion of the community inventory and reserved for specific sub-populations (e.g. youth or domestic violence victims) or for purposes like short-term interim housing.

Appendix 2: Coachella Valley Unsheltered Count, 2018 Point in Time by community (data from Riverside County Continuum of Care 2018 Point In Time Count)

Unsheltered Homeless Categories	Coachella Valley												
	Coachella	Cathedral City	Desert Hot Springs	Indian Wells	Indio	La Quinta	Palm Desert	Palm Springs	Rancho Mirage	Bermuda Dunes	Mecca	Thousand Palms	Total
Race													
American Indian or Alaska Native	1	4	0	0	0	4	1	2	4	0	0	0	20
Asian	0	0	0	1	0	0	1	1	3	0	0	0	6
Black or Africa American	0	4	4	4	0	3	0	1	14	0	0	0	29
Native Hawaiian, Pacific Islander	0	0	0	0	0	4	0	0	4	0	0	0	8
White	37	25	44	44	20	2	28	63	4	5	3	9	240
Multiple Races	2	1	1	1	0	2	0	0	7	0	0	0	13
Don't know	11	11	1	1	0	14	0	7	24	0	8	1	78
Blank	24	1	4	4	0	3	0	7	4	0	0	0	43
Total	75	46	58	58	0	50	4	43	126	7	5	11	12,437
Ethnicity													
Hispanic or Latino	36	16	20	20	0	33	0	10	35	1	0	9	5,165
Not Hispanic or Latino	32	24	37	37	0	13	4	30	78	6	5	1	5,235
Blank	7	6	1	1	0	4	0	3	13	0	0	1	2,37
Total	75	46	58	58	0	50	4	43	126	7	5	11	12,437
Gender													
Female	17	9	21	21	0	15	0	10	27	3	1	2	4,109
Male	55	36	36	36	0	34	4	31	96	4	4	9	8,317
Transgender	0	0	0	0	0	0	0	0	1	0	0	0	0
Gender Non-Conforming	0	0	0	0	0	0	0	0	0	0	0	0	0
Blank	3	1	1	1	0	1	0	1	1	0	0	0	2
Total	75	46	58	58	0	50	4	43	126	7	5	11	12,437
Age													
0-5	0	0	0	0	0	0	0	0	0	0	0	0	0
17 or under	0	0	1	1	0	0	0	0	0	0	0	0	0
18-24	4	1	2	2	0	1	0	2	7	1	0	0	1
25-49	45	23	29	29	0	22	4	23	61	1	0	4	6,222
50-61	17	13	13	13	0	14	0	11	38	5	0	5	4,120
62-69	1	5	9	9	0	5	0	3	8	1	2	1	1,35
70-79	2	0	1	1	0	0	0	0	4	0	0	0	7
80+	0	0	0	0	0	0	0	0	1	0	0	0	1
Blank	6	4	3	3	0	8	0	4	7	0	0	0	32
Total	75	46	58	58	0	50	4	43	126	7	5	11	12,437
Subpopulations													
Chronically Homeless	11	9	16	16	0	15	2	17	29	3	1	1	6,110
Families with Children	0	0	1	1	0	0	0	0	0	0	0	0	0
Veterans	1	3	2	2	0	3	0	6	3	2	0	1	0
Alcohol Use	6	8	12	12	0	12	1	8	21	0	0	5	0
Drug Use	15	17	14	14	0	15	0	17	38	4	1	2	6,129
PTSD	9	9	14	14	0	8	2	13	40	2	0	0	5,102
Mental Health Conditions	5	9	10	10	0	5	1	6	34	0	1	6	7,77
Physical Disability	14	32	14	14	0	15	2	15	30	1	2	2	2,128
Developmental Disability	6	6	8	8	0	4	2	6	12	0	0	1	3,48
Brain Injury	9	7	7	7	0	5	0	11	26	1	0	0	2,68
Victim of Domestic Violence	3	6	1	1	0	3	1	3	15	1	0	2	1,36
AIDS or HIV	0	1	0	0	0	0	0	2	9	0	0	0	0
Jail Release 90 days: probation	1	1	0	0	1	0	0	3	6	1	0	3	0
Jail Release 90 days: parole	1	0	1	1	0	2	0	0	1	0	0	0	5
Jail Release 12 months: (unspecified)	3	2	2	2	0	0	0	3	8	0	0	2	2,20
Jail Release 12 months: probation	0	0	0	0	0	0	0	0	0	0	0	0	0
Jail Release 12 months: parole	3	6	3	3	0	2	1	3	9	0	0	1	2,30
Jail Release 12 months: (unspecified)	87	119	105	105	0	92	12	113	281	15	3	21	35,893
Total Unsheltered Homeless Population	75	46	58	58	0	50	4	43	126	7	5	11	12,437

Appendix 3: Summary of Residential Homeless Assistance Programs Located in the Coachella Valley
(data from Riverside County Continuum of Care based on 2018 HIC)

Organization Name	Project Name	Total Beds	Families w/ Children	Individuals w/o children	Minor youth	Participates in HMIS	Receives Referrals from HomeConnect
Crisis Housing							
Emergency Shelter							
Coachella Valley Rescue Mission	CVRM Overnight Shelter	251	40	211	0	Y	N/A
Coachella Valley Rescue Mission	CVRM Overnight Shelter	49	0	49	0	Y	N/A
Martha's Village & Kitchen Inc.	MVK Renewing Hope Emergency Shelter ¹	120	95	25	0	Y	N/A
Operation Safe House	OSH Desert Emergency Shelter	20	0	0	20	Y	N/A
Operation Safe House	OSH Riverside Emergency Shelter	17	0	0	17	Y	N/A
Path of Life Ministries Inc	CVAG Emergency Shelter Project	12	6	6	0	Y	N/A
Path of Life Ministries Inc	CVAG Hotel/Motel Voucher ²	6	3	3	0	Y	N/A
Shelter from the Storm	Domestic Violence Emergency Shelter	20	18	2	0	N ³	N/A
Emergency Shelter		495	162	296	37		
Transitional Housing							
Operation Safe House	OSH Harrison House Transitional Living Program (serves youth/young adult)	15	5	10	0	Y	Y
Operation Safe House	OSH Main Street Transitional Housing (serves youth/young adult)	20	5	15	0	Y	Y
Transitional Housing		35	10	25	0	Y	

		Crisis Housing	530	172	321	37		
		Permanent Housing						
		Rapid Rehousing						
Coachella Valley Rescue Mission	CVRM ESG Rapid Re-Housing	5	3	2	0	Y	Y	Y
Coachella Valley Rescue Mission	CVRM ESG State-funded Rapid Rehousing	13	0	13	0	Y	Y	Y
Path of Life Ministries Inc	CVAG Rapid Re-Housing ⁴	2	0	2	0	Y	Y	Y
Rapid Rehousing		20	3	17	0			
		Permanent Supportive Housing						
Desert AIDS Project	Vista Sunrise Apartments ⁵	80	0	80	0			
Jewish Family Services	Desert Horizon PSH	18	0	18	0	Y	Y	Y
Jewish Family Services	JFS Desert Vista Permanent Housing	40	0	40	0	Y	Y	Y
Jewish Family Services	JFSSD Permanent Supportive Housing Expansion ⁶	35	11	24	0	Y	Y	Y
Riverside University Health System-Behavioral Health	Behavioral Health - Coachella Valley Permanent Housing	25	0	25	0	Y	Y	Y
Permanent Supportive Housing		118	11	107	0			
Permanent Housing		138	14	124	0			
Total Beds		668	186	445	37			

Notes:

- ¹ MVK TH conversion to ES was underway at time of the PIT count so only shown as 120 ES beds which is what is available following conversion.
- ² Program ended 6/30/18
- ³ DV services provider so ineligible for participation in HMIS by law
- ⁴ Program can serve up to 12-18 households per POLM; numbers on table reflect HIC.
- ⁵ Program can serve up to 80 households per DAP; this program was not reported on the HIC.
- ⁶ New in 2018

Appendix 4: Sample performance metrics

System Wide Performance Targets for an Optimal System

Background

An end to homelessness means that every community will have a systematic response in place that ensures homelessness is prevented whenever possible, or if it can't be prevented, it is a rare, brief, and non-recurring experience.

Specifically, every community will have the capacity to:

- Quickly identify and engage people at risk of and experiencing homelessness.
- Intervene to prevent the loss of housing and divert people from entering the homelessness services system.
- When homelessness does occur, provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are being secured, and quickly connect people to housing assistance and services—tailored to their unique needs and strengths—to help them achieve and maintain stable housing.

Recommendations

Barbara Poppe and Associates recommends that the Coachella Valley adopt System Wide Targets to achieve an “optimal” system that is focused on efficiently and effectively ending homelessness for all populations.

1. None to very few people unsheltered; if people are unsheltered crisis housing options (ES/TH) should be fully and consistently occupied.
2. Diversion/assisted rapid resolution offered to all (problem-solving conversation, perhaps light flexible financial assistance)
3. Short length of time homeless
4. High rate of exit to permanent housing across all types of interventions
5. Low rates of return to homelessness following exit to permanent housing
6. Self-resolution from emergency shelter is positive for system (self-resolution = exit without requiring housing intervention)
7. Housing interventions reserved for literally homeless (i.e. from emergency shelter or streets) and for those who do not self-resolve
8. Most intensive (PSH and TH) serve highest need households
9. High utilization rates for housing interventions

System Wide Targets						
Project Type	Core Outcomes			Entries from Homelessness ¹	Actual number households served	Utilization Rate
	Exit Rate to Stable Housing	Average Length of Stay/Participation	Return Rate to Homelessness ²			
Diversion	50% ³	30 days	NA	NA	95%	NA
Outreach	40% ⁴	NA	NA	95%	95%	NA
Emergency Shelter	50% (S & YYA) 80% (F) ⁵	30 days (S & F) 20 days (YYA)	8% (S & F) 5% (YYA)	65%	95%	95%
Transitional Housing	85%	90 days (S & F) 180 (YYA)	8% (S & F) 5% (YYA)	95%	95%	95%
Rapid Rehousing	85%	90 days	3% (S & F) 5% (YYA)	95%	95%	NA
Permanent Supportive Housing	90% ⁶	N/A	3% (S & F) 5% (YYA)	95%	95%	95%

Key: S=single adults; F=families with children; YYA=unaccompanied youth and young adults up to age 24

¹ Literal homelessness is from emergency shelter and places not meant for habitation – HUD Category 1; also fleeing domestic violence HUD Category 2. Does not include HUD Category 2 or 3.
² For households exiting to permanent housing – measured at 12 months.
³ Diversion positive outcomes include temporarily with family/friends and treatment.
⁴ Outreach positive outcomes include temporarily with family/friends, treatment, emergency shelter and transitional housing.
⁵ Emergency shelter positive outcomes include transitional housing and treatment
⁶ includes retain PSH and exit to PH.

Notes and key definitions: Permanent Housing/Permanent Housing Destination – Any destination that is permanent in nature, including Permanent Supportive Housing projects, Rapid Rehousing projects, rentals with or without subsidies, or permanent stays with family and/or friends. HMIS destination types that qualify as permanent are:

- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- PSH for formerly homeless persons (such as: CoC project; or HUD legacy programs; or HOPWA PH)
- Rental by client, no ongoing housing subsidy (This would be used for participants in a Rapid Re-Housing Program)
- Rental by client, with VASH housing subsidy
- Rental by client, with GPD TIP housing subsidy
- Rental by client, with other ongoing housing subsidy
- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure

Other positive outcomes in addition to permanent housing specific to program types:

- Outreach and Diversion:
 - Staying or living with family, temporary tenure
 - Staying or living with friends, temporary tenure
 - Treatment
 - Emergency shelter
 - Transitional housing
- Diversion:
 - Staying or living with family, temporary tenure
 - Staying or living with friends, temporary tenure
 - Treatment
- Emergency shelter:
 - Transitional housing
 - Treatment

Additional measures:

For RRH and PSH, could also create process measures by timing, e.g. “50% of households move into housing within 30 days; 75% within 60 days. For outreach and ES, XX% individuals served contacted are enrolled in HMIS and XX% complete diversion plan.

Appendix 5: Guidance on Process to Expand Crisis Housing for Single Adults and Couples

After the Coachella Valley Collaborative to End Homelessness Collaborative completes step one through three described in recommendation #3 it should focus on meeting the specifics needs of distinct populations and situations, but

All options should be open 24/7 to residents to enable residents to fully engage with services and meet basic needs, operate consistent with low-barrier, Housing First practices, and participate actively in the Coachella Valley crisis response network.

Type	Characteristics of Population Served	Admission Priorities	Community Benefit
Bridge Housing	Frequently chronically homeless. Must have a housing plan.	Referred by Coordinated Entry or housing program	Reduces unsheltered and chronic homelessness. Improves efficiency of PSH engagement and enrollment.
Engagement Center	Publicly inebriated and homeless. Frequently chronically homeless. Often viewed as “difficult to engage”.	Referred by police or outreach.	Assists high vulnerability unsheltered individuals who often have extensive health problems due to chronic alcoholism. Reduces unsheltered and chronic homelessness. Alternative to incarceration or emergency room admission.
Navigation Center	Frequently chronically homeless Do not have a housing plan Often viewed as “difficult to engage”.	Admission occurs only when prioritized by coordinated outreach team.	Supports resolution of encampments and assists high vulnerability unsheltered individuals. Reduces unsheltered and chronic homelessness. Alternative to incarceration or emergency room admission.
Comprehensive shelter (see note)	Usually not chronically homeless	Walk-in (self-referrals) and by community organizations and law enforcement	Complements other specialized programs that serve higher vulnerability individuals.

Note: Comprehensive shelter is similar to the Homeless Assistance Center model.

Population

Crisis housing should be available to all populations who are unsheltered or imminently unsheltered, including families with children, single adults, couples, youth and young adults, survivors of domestic and interpersonal violence, Veterans, and chronically homeless.

Rationale

Too often, communities fail to undertake a systematic assessment of how crisis response services are delivered and instead create additional temporary options – overnight shelter, tiny home villages, “sprung” tent shelters, etc. that do little to ameliorate the problem of homelessness. By ensuring that the existing crisis housing options are fully utilized and targeted to those who are unsheltered, scaling up diversion, and catalyzing access to more

housing solutions, the Coachella Valley Collaborative to End Homelessness Collaborative can then develop a plan to increase systematically and thoughtfully increase crisis housing options that are specific to the needs of the individuals who are not well served by the crisis response network. See below for an example of a differentiated crisis housing response compared to a large emergency shelter (tiny home villages have similar results).

Example: Differentiated Crisis Bed Strategy compared to “Come as You Are/Walk-In Shelter” strategy

Emergency Shelter Bed Impact Calculator	Potential Options			San Diego Tent Model	Variance
	Comp. Emergency Shelter	Navigation Center	Bridge Housing		
Inputs					
# Beds	100	75	75	300	- 50
Average length of stay	45	60	30	30	
Rate of exit to stable housing (including permanent housing)	70%	75%	85%	15%	
Rate of exit to permanent housing	50%	60%	80%	12%	
Calculations					
# Served if 100% occupied year-round	811	456	913	3,650	1,470
# exit to homelessness	243	114	137	494	2,608
# exit to permanent housing	406	274	730	1,410	972
# exit to stable housing	568	342	776	1,686	1,138
		Impact on homelessness (ROI)		77%	15%