County of Riverside
Continuum of Care

Performance Assessment and Gaps Analysis

Prepared by:
LeSar Development Consultants
www.LeSarDevelopment.com

Mitch Wippern, Senior Principal
Stefan Gonzalez-Associate II

LeSar Development Consultants
404 Euclid Ave. Suite 212, San Diego, CA 92114
Phone: 707-344-5986
Email: Mitch@lesardevelopment.com
         Stefan@lesardevelopment.com

Contents

Executive Summary

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

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

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

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

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

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

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

Introduction

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

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

Guiding Principles

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

Systems-Level

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

Equity

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

Lived Experience

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

Methodology

Qualitative

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

Three Subsets of Community Stakeholders

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

- Regional Stakeholders: government, housing, healthcare, behavioral health, criminal justice

- Homeless Service Providers

- Individuals with Lived Experience of Homelessness

Methods for Obtaining Qualitative Data

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

- Survey feedback from community stakeholders. Surveys were sent to BOG and CoC email lists.

- 10-15 Phone/Video interviews with community stakeholders. CoC lead provided input for appropriate community stakeholders.

Quantitative

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

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

Evaluation Tools

- NAEH Homeless System Evaluator Tool: Helps communities understand the performance of their homelessness system, different programs, and program types within the system. Specifically, this tool helps determine whether a community's homeless assistance system moves people into permanent housing quickly, helps people remain in housing, and generates these and other positive outcomes cost-effectively.

  - LDC asked the County's HMIS group for data of program level performance for all Emergency Shelter, Rapid Rehousing, Transitional Housing Permanent Supportive Housing, Street Outreach and Prevention projects. LDC staff then loaded the data in the Homeless System Evaluator Tool.

- NAEH Racial Equity Network Toolkit: Community Census Data: Examines the disproportionality of the CoC's homeless population when compared to general demographics.

- Housing Gaps Analysis: Modeled analysis of current housing system resources needed to functionally end homelessness. Includes data from a multitude of different homelessness and housing data points.

Data Sources

- Point-in-Time Count (PIT): A HUD required census of persons experiencing unsheltered or sheltered homelessness on a single night in January.

- Housing Inventory Count (HIC): An annual inventory of beds and units dedicated to individuals and families experiencing homelessness on the night of the PIT Count. There are five program types included in the HIC: Emergency Shelter, Transitional Housing, Rapid Re-Housing, Safe Haven, and Permanent Supportive Housing.

- Annual Homelessness Assessment Report (AHAR) or Longitudinal Systems Analysis (LSA): Annualized report provides a more in-depth perspective on the demographics and characteristics of persons experiencing homelessness. AHAR has been replaced with the Longitudinal System Analysis (LSA).

- System Performance Measures (SPMs): System Performance Measures (SPMs) quantify the efficacy of a local homeless response system through seven separate metrics. Progress CoCs make on these seven metrics are assessed annually via the System Performance Measures report to HUD.

- Homeless Management Information System (HMIS) Data: Local information technology system used to collect client-level data and data on the provision of housing and service to homeless individuals and families. Provides key expected values for the types of programs operated locally and is much richer than the AHAR data alone.

- Annual Performance Report (APR): Designed to track the progress and outcomes of CoC-funded programs through HMIS to gauge who was served and the outcomes of a participant's engagement with a project.

- Housing Choice Voucher (HCV) Data: Statistics on the implementation of the Housing Choice and Project Based Vouchers by the Riverside Housing Authority. Geographic placement data for Housing Choice and Project Based Vouchers based on Zip Code.

- Homeless Budgets and Funding in CoC/County: County budgets for local, state, federal funding for homelessness to inform costing analysis, COC funding total, and allocations by agency/program.

- Housing and Rental Data: A variety of different regional housing and rental data points, including but not limited to: Regional Housing Needs Allocation (RHNA), vacancy rates, affordable housing projects completed and currently in the development pipeline.

- 2-1-1 Data: Community specific data to identify and analyze resource gaps within the homelessness response system, specifically focusing on key populations like elderly, disabled, youth, veterans, justice-involved, high utilizers, SMI, SUD, etc.

Strengths and Gaps within the County of Riverside

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

- Strengthen System to Better Prevent and End Homelessness

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

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

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

- Prevent People from Experiencing the Crisis of Homelessness

Strengthen System to Better Prevent and End Homelessness

Regionalization

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

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

Housing, Homelessness Prevention and Workforce Solutions (HHPWS)

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

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

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

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

Cross-Sector Alignment

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

Data Integration and Management

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

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

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

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

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

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

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

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

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

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

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

HMIS and CES

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

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

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

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

Service Provider Capacity

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

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

Funding

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

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

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

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

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

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

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

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

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

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

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

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

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

22% *increase in Unsheltered Singles*

24% *increase in Sheltered Singles*

50% *increase in Unsheltered Families*
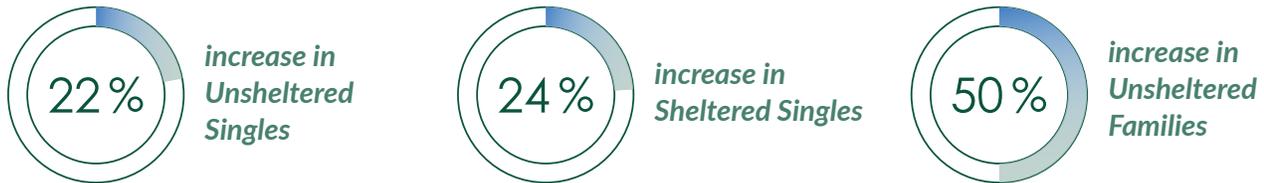
The shelter and interim housing options that are available were reported as being inaccessible and hard to navigate for people experiencing homelessness. In addition to the system inaccessibility described above, other stakeholders described the inaccessibility in the policies of shelters themselves that place additional barriers on people experiencing homelessness like no accommodations for couples, no pets allowed, or curfews.

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

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

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

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

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

Expand and Ensure Equitable Access to Permanent Housing in Our Communities

Homeless Housing Inventory

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

Housing Inventory Count for PSH

Year	Family PSH Beds	Adult Only PSH Beds	Total Year-Round Beds
2017	561	959	1520
2018	560	1142	1702
2019	414	1289	1938

Housing Inventory Count for RRH

Year	Family RRH Beds	Adult Only RRH Beds	Total Year-Round Beds
2017	223	54	277
2018	134	47	181
2019	156	79	236
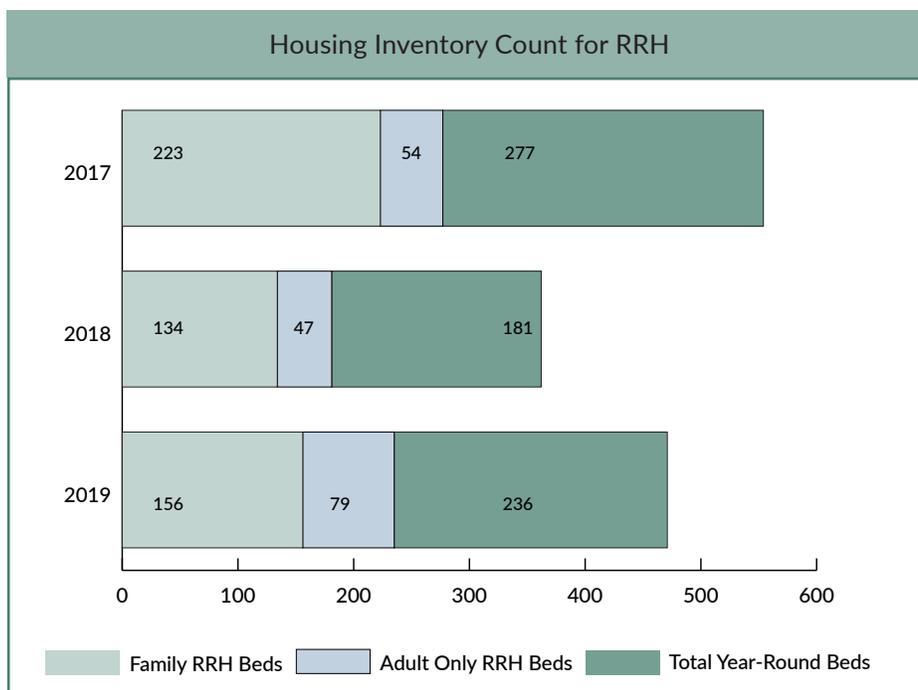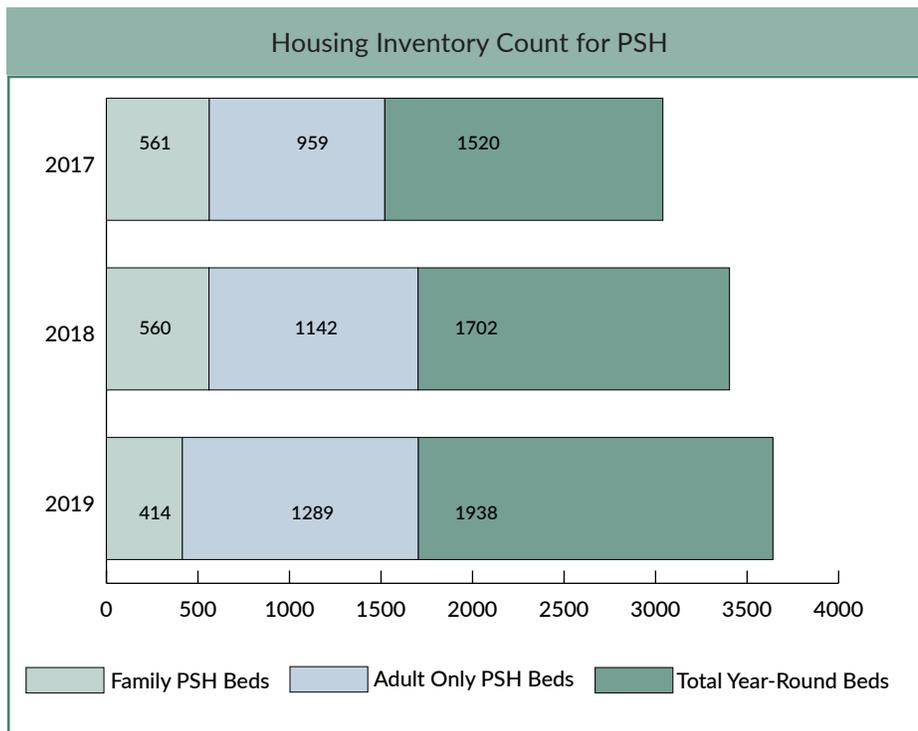
Housing Exits

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

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

HUD publishes data from all Continua of Care in the United States that shows their status against seven system performance measures[1]. A comparison of that data from neighboring Continua of Care shows that Riverside has historically produced exits to permanent housing at rates above what was reported in 2020 and at rates that are generally comparable to Continua of Care that border Riverside.

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

---

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

Coordinated Entry System

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

Subpopulations

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

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

Chronically Homeless

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

- Experienced homelessness for longer than a year, during which time the individual may have lived in a shelter, Safe Haven, or a place not meant for human habitation.

- Or experienced homelessness four or more times in the last three years.

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

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

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

Families with Children

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

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

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

Youth

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

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

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

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

Veterans

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

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

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

Older Adults

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

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

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

Housing Choice Voucher

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

Landlord Outreach, Engagement, and Retention

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

Flex Funds/Move-In Assistance

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

Barriers to Obtaining Housing

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

Main Barriers for People Experiencing Homelessness to Obtain Housing

Barrier	Value
Lack of Engagement with Supporting Staff	3
Turnaround Time for Rental Assistance Payment	5
Lack of Sufficient Case Management/Supportive Services	6
Discrimination from Landlords	6
Physical Health	6
Family Size	6
Immigration Status/Documentation	7
Lack of Sufficient Rental Assistance	8
Unrealistic Client Expectations for Housing	9
Competitive Housing Market	11
Pets	11
No Proof of Income Documentation	12
Lack of Rental History	12
Severe Mental Illness (SMI)	15
No ID	16
No Social Security Card	16
Landlords who Don't Want to Work with Programs	16
Substance Use Disorder (SUD)	16
Criminal Background	17
Eviction on Record	17
Lack of Employment	19
Lack of Sufficient Income	19
Poor Credit/Debt	19
Lack of Available Affordable Housing	22

Housing Needs Assessment

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

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

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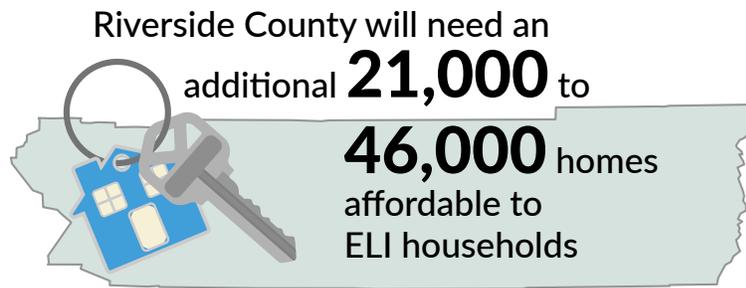
The RHNA estimate of 21,000 is primarily a production goal, meaning it represents the number of homes that must be built. This goal can only be met primarily by producing new homes or converting existing buildings—such as motels, offices, or commercial buildings—into housing. Each locality's RHNA is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

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

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

Housing Access and Mobility

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

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

Approaches to Case Management

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

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

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

1. Those who want and will accept a hand up to regain self-sufficiency.

2. Those who may be suffering from mental illness, post-traumatic stress disorder, or other conditions that inhibit reasoning skills.

3. Those who refuse help, and choose to live outdoors, while observing the law

4. Those who refuse help, make a conscious choice to be homeless, and may be engaging in illegal activity (generally associated with theft, public intoxication, trespassing, aggressive panhandling, and vandalism)

These differing approaches reflect the challenges of regionalization outlined above.

Prevent People from Experiencing the Crisis of Homelessness

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

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

Institutions/Discharge Planning

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

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

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

System Entry

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

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

Entries to the Emergency Shelter System

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

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

Entries to Prevention Programs

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

Economic Instability

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

Race Equity

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

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

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

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

Supportive Service Networks

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

Mental Health/Behavioral Health/Substance Use Services

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

Conclusion

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

System Strengths include:

- Creation of the Housing, Homelessness Prevention and Workforce Solutions Department.

- A Prevention Program that seems to target the right populations and has strong positive outcomes.

- Implementation of a new Homeless Management Information System (HMIS).

- Starting the integration of the Coordinated Entry System with the new HMIS.

- Strong response to the COVID-19 Pandemic.

System Challenges include:

- A regionalized and fragmented system

- Differing approaches to providing services to persons experiencing homelessness that make the system difficult to access.

- Lack of housing affordable to the Extremely Low-Income Population.

- Lack of Permanent Supportive and Rapid Rehousing opportunities.

- A need to provide more services to key sub-populations like Chronically Homeless, Individuals with Mental Illness, Individuals with Substance Use Disorders, Seniors/Older Adults, and Transition Aged Youth (TAY).

- The accessibility and usefulness of Housing Choice Vouchers.

- Fragmented approach to landlord outreach, engagement, and retention.

- The lack of flex funds and funding for move-in assistance.

- Ineffective cross-sector integration and alignment to address the inflows into homelessness.

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