

## County of Riverside Homeless Action Plan Retreat

Wednesday January 12, 2022 from 2:00 pm to 4:00 pm  
via MS Teams Meeting

### Public Comments, Questions and Discussion of Action Areas and Strategies

- 1. Public Comment/Question:** (Substance Use Transitional Housing Program) I did want to put in a word for a certain kind of congregate shelter that may have some promise but may not typically get funded by HUD funds, state HCD funds or even local funds. I want to bring it to your attention of this excellent model that gets beds to those who suffer from substance abuse and those vulnerable to relapse but are not in a clinical treatment facility. There's a religious organization, not on this call, that takes a single family home and put 2 people per bedroom for them to grow together. This provides lower cost compared to permanent supportive housing. Is there a way to look more favorably on these smaller group homes? Instead of 2 per bedroom put in 4 per bedroom? Maybe up to 24 per single family house? A 3-6 month program is not enough. It may take closer to 2 years. It's not congregate shelter and its not permanent, somewhere in the middle for long term recovery.

**Response from CoC:** *This subject is highlighted in the action plan. Through our gap analysis, determined we need a more concentrated focus on addressing those with substance use problems. Yes, we can explore this option further. (Post meeting note: The requirement of 2 persons per room is based on the Housing Quality Standards (HQS) set forth by the U.S. Department of Housing and Urban Development.)*
- 2. Public Comment/Question:** Would like to see what today's base line is to reach the percentages.

**Response from CoC:** *We will be setting the performance benchmark after the PIT Count. Towards end of the draft plan around page 54, one can see the tabulated format of the entire homeless action plan and strategies that lays out the format to drill down to annual plan to track quarterly progress. For internal quarterly monitoring we will be checking where our current benchmark is and where the increase should come from.*
- 3. Public Comment/Question:** Are there inter-agency collaborations to help co-morbidity populations to maintain housing and be successful?

**Response from CoC:** *Yes, within the County, we have a very robust partnership with RUHS Behavioral Health. They are deeply embedded in our shelter and outreach systems. It is a significant part of our plan. Low barrier shelter navigation center will provide the entire spectrum of healthcare. There are opportunities to build that system network.*
- 4. Public Comment/Question:** Is there room for medium term housing? It could be significantly lower cost and lower barrier to entry, utilities could also be temporary, above ground, then disassembled and used for permanent housing. The home itself has the usefulness for 10-15 years, could this be possible?

**Response from CoC:** *Just by looking at average lifespan of clients in permanent supportive housing, the average time frame assistance is utilized is 8-10 years. We could see how proposed model could be utilized, not necessarily for targeting homeless population but for regular housing program. Last year HUD released EHV Program and at local level have been using the program to graduate people in permanent supportive housing so they can graduate to a regular Section 8 voucher. This reduced the time individuals needed financial assistance. Our biggest challenge is nimbyism and political will to have municipalities provide those type of settings. This is definitely part of the action steps we need to take. How are we using our moving-on initiate to get them into job training, earn own income, and permanent Section 8 voucher.*

5. **Public Comment/Question:** Who would agencies reach out if they have a question like this?  
**Response from CoC:** Email us at [coc@rivco.org](mailto:coc@rivco.org). When it comes to housing development, Mike Walsh would be the person to contact to set up a brainstorming session.
6. **Public Comment/Question:** With current Housing First program, is there a long-term plan to how we focus those to maintain housing? What is the success rate? Have heard a lot lost their housing due to untreated substance abuse and mental health issues  
**Response from CoC:** We shared 5 different metrics we will use to share our progress and measure performance. We'll look in all different projects invested in to determine efficacy. On system wide level and individual project level we have an annual performance review. We'll be directly reporting out. Housing stability is key.
7. **Public Comment/Question:** There are two gaps trying to support. First is treatment gaps. Any way we are reaching out to the right area to help with homeless? Are there gaps with data needs? Can we train volunteers and undergrads to help with data science aspect?  
**Response from CoC:** We have good historical relationship working with UCR. We'll reach out to Kendrick Davis.
8. **Public Comment/Question:** What is Safe Haven?  
**Response from CoC:** They are transitional housing type models. Loma Linda veteran hospital funded a safe haven program that provides transitional housing assistance for up to 24 months for those suffering substance abuse, mental health issues, foster youth, veterans, and other specialized groups
9. **Public Comment/Question:** One area that is harder to assess is homeless youth and unaccompanied minors as it is a big underserved population. Are we coordinating with school systems?  
**Response from CoC:** In the last 16 months we made dedicated effort to reach out to school districts and using Riverside County Office of Education to connect foster youth liaisons. We have increased participation at CoC meetings. Groups helping us collect data and coordinate programs, such as Youth PIT Count and Magnet Events – “Come and be Connected”. In 2021, a big accomplishment was bringing a dedicated full-time staff with lived experience as a youth. On pages 73-76 of this Plan, we can see exhibits that focus on specific populations and the first one is specifically for transitional age youth. We recognize that every target population has their own needs.
10. **Public Comment/Question:** I'd like to discuss the importance of inclusion of LGBTQ community and look outside normal scope of requirement. For example, trans that made a family together and get excluded because they are not traditional families. In Strategy 5, can we amend area to include gender identity and sexual orientation? When doing VI-SPDAT, it's giving us a hard time to represent those not male or female. In Strategy 12, can we amend or add access to facilitates that are safe and equitable to all individuals? Risk of being targeted of being hurt in public shower is really high because of bias in homophobia. What's the point of having access if they are afraid of being hurt? In Strategy 18, can we refine specific policies and procedures that are inclusive in general? We don't necessarily have to say LGBTQ but we just need to be aware of special circumstances.  
**Response from CoC:** Throughout the document we tried to be as equitable as possible. It's really important to address special populations. This should be part of our culture and we need to be more aware and can be added in training sessions. This is not just the county's action plan. This is the CoC's as well. LGBTQ is on page 75 Exhibit H of this plan. While this section is currently relatively small, when it comes to implementation it can be fleshed out.