



Regional Homeless Alliance



Regional Homeless Alliance

Assessment Report and Action Plan

July 2024





July 31, 2024

Brian Ambrose
Director of Community Services
Regional Homeless Alliance
1 Town Square
Murrieta, CA 92562

Dear Mr. Ambrose:

Baker Tilly is pleased to transmit this draft Regional Homeless Alliance (RHA) Assessment and Action Plan. The objective of the project included identifying opportunities for five incorporated cities within Southwest Riverside County to operationalize a regional approach that will significantly reduce the number of individuals experiencing homelessness in the region. This includes a plan in which the five cities, along with other stakeholders, align their current efforts to address homelessness using a regional approach that improves capacity, strengthens outcomes, and enhances the resources needed to ensure the overall effectiveness of this response. This plan will allow staff and policymakers to focus on the programs, services, and resources needed to effectively address homelessness on a regional level, compete more proactively for funding opportunities, and prioritize limited resources to share in collective outcomes.

We developed our observations, areas of focus, and recommendations after gathering insights from city leadership and staff in each of the five cities, county staff, nonprofits, and other stakeholders. Additionally, in approaching this important effort, we reviewed existing programs and services, conducted nonprofit engagement, reviewed the approach used by each agency to address their homeless population and resources dedicated to this issue.

During the project engagement, Baker Tilly noted that staff in all jurisdictions were diligent and committed to professional practices in their work. Our major observations and recommendations are intended to build on the work of staff and implement enhancements that will increase cooperation and provide more efficient use of staff and resources. Our key recommendations include the following focus areas: 1) mobilizing street outreach teams regionally across the five city borders within the RHA, while enhancing resource linkages during these engagement efforts, 2) regionalizing the encampment response efforts in conjunction with the County behavioral health teams, 3) developing strategies to capture and share data on homelessness both as independent cities and representing the RHA, 4) improving connectivity to the Continuum of Care (CoC) system, including linkages to Countywide resources, 5) Tracking funding opportunities for the RHA initiatives, including the Encampment Resolution Funding (ERF) program, and 6) identifying new access points for resource linkages, along with seeking opportunities to develop up to 60 interim shelter beds for the region, while improving linkages between the RHA and the CoC for housing navigation and placement efforts, and outlining options for formalizing the RHA collaborative.

Baker Tilly is pleased to provide a foundational roadmap for improving the RHA response to homelessness in the region. Each city has developed a response to homelessness and has identified strengths and opportunities that can be shared to benefit the regionalized approach to homelessness. We have established that no one city should try to solve homelessness without partnerships. In this report, we provide many examples where partnerships will serve to elevate the effectiveness of existing response efforts. Improved integration with the County of Riverside Continuum of Care and other Countywide resources pertaining to behavioral health, workforce development, transit, healthcare and CalAIM will help bring the type of results that each of the five cities in the RHA can expect by leaning in together to

formalize this RHA partnership. Leveraging County and RHA resources will be key to meeting the complex needs of the homeless populations in the RHA.

We also recommend that the RHA identify key individuals with decision-making authority from each member city to serve as a lead in overseeing the development and implementation of the RHA's initiatives. An Action Plan is included as part of this Assessment Report, which is intended to guide priorities and steps to implement the various recommendations.

Thank you for the opportunity to work on this engagement; we appreciate the staff and stakeholder engagement and participation.

Sincerely,

A handwritten signature in blue ink that reads "Carol Jacobs". The signature is written in a cursive, flowing style.

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Table of Contents

Executive Summary	1
Introduction and Background	3
State and Federal Legislation Related to Housing and Homelessness	3
Department of Housing and Urban Development’s Continuum of Care Approach	4
Initiation of the Regional Homeless Alliance	5
Methodology	5
<i>Document Review</i>	5
<i>Stakeholder Interviews</i>	6
<i>Meetings with Leadership and RHA City Personnel</i>	6
<i>Field Visits and Street Outreach Team Ride-Alongs</i>	6
<i>Resource Inventory and Geographical Information System (GIS) Map</i>	6
<i>Participation in RHA Meetings</i>	7
<i>Formalizing the Regional Homeless Alliance Governance Structure</i>	7
Homeless Operations by City	7
<i>City of Lake Elsinore</i>	8
<i>City of Menifee</i>	10
<i>City of Murrieta</i>	11
<i>City of Temecula</i>	13
<i>City of Wildomar</i>	15
<i>RHA Interview Summary</i>	18
Homeless Service Providers and Other Stakeholders	19
<i>Homeless Services Providers</i>	19
<i>Other Stakeholders</i>	20
County Resources in the Region	21
<i>County of Riverside, Continuum of Care (CoC)</i>	21
<i>Interaction between the County and Cities of the RHA</i>	22
Homelessness Service Framework	24
Overview	24
<i>Feedback from Cities on the Regional Homeless Alliance: Past, Present, and Future</i>	24
<i>Building An Effective System of Care</i>	24
Gap Analysis	27
<i>Staffing</i>	28
<i>Outreach</i>	29
<i>Point-in-Time Counts</i>	29
<i>City Funding and Resources</i>	30
<i>Resources and Gaps within the Regional Homeless Alliance</i>	31
<i>Funding</i>	34
<i>Summary of Gap Analysis</i>	37
Recommendations	38
<i>Funding</i>	38
<i>Prevention</i>	39

<i>Encampment Response</i>	39
<i>Access Points and Outreach</i>	41
<i>Medical and Behavioral Health</i>	42
<i>Sheltering</i>	43
<i>Collaboration with the County’s Continuum of Care and Use of Service Providers</i>	45
<i>Data Sharing</i>	47
<i>Affordable Housing</i>	49
<i>RHA Governance</i>	50
Regional Homelessness Alliance: Action Plan	51
Guiding Principles	51
Role of Southwest Riverside County.....	52
Regional Metrics.....	52
Formalizing the Regional Homeless Alliance	54
Regional Housing Alliance Action Steps.....	54
<i>Goal 1: Coordinate, streamline, and improve street outreach and engagement</i>	55
<i>Goal 2: Regionalize encampment response protocols and grants</i>	56
<i>Goal 3: Standardize data collection</i>	57
<i>Goal 4: Connect with the County and the Continuum of Care System</i>	57
<i>Goal 5: Regionalize funding support from County/State/Federal Sources</i>	58
<i>Goal 6: Increase resource access points and the number of interim shelter beds available in the RHA</i>	58
<i>Goal 7: Develop permanent affordable and supportive housing units</i>	59
<i>Summary</i>	59
Governance Structure Options.....	60
<i>Governance Recommendation</i>	62
Conclusion	63
Attachment A – List of Recommendations	64
Attachment B – Glossary	66

Tables

Table 1. Homeless Point-in-Time Count by Jurisdiction, January 2022 and January 2023	30
Table 2. Regional Homeless Alliance (RHA) Cities.....	31
Table 3. RHA’s Existing Resources	32
Table 4. 2023 Regional Homeless Alliance Entitlement Funds	35
Table 5. 2022 and 2023 PIT Counts Compared with Available Beds in the RHA.....	44
Table 6. State and Federal Homeless-Related Programs	58

Figures

Figure 1. Elements of An Effective Homelessness Response System	26
Figure 2. Interim Shelter Beds across the Regional Homeless Alliance (RHA) Region, As of March 2024	34
Figure 3. County of Riverside Funding Impact for Fiscal Year 2022-23.....	36

Executive Summary

Traditionally, the issue of homelessness has not been a high-priority concern for municipalities. While laws against vagrancy were effectively outlawed in the early 1970s, they were mostly replaced at the local level with prohibitions against loitering and sleeping in public places and vehicles. Likely, most local governments still have these regulations in place. However, due to shifts in public perception and recent legal rulings (circa 2018) that have made clear that such blanket prohibitions are no longer viable, cities now are finding that they must engage on the issue of homelessness and seek sustainable solutions instead of resorting to criminalization and punishment.

Recognizing their responsibilities, the cities of Lake Elsinore, Menifee, Murrieta, Temecula, and Wildomar, in the area known as Southwestern Riverside County, banded together as the Regional Homeless Alliance (RHA) to leverage their individual work in this area. Collectively, the cities have a population of about 431,000 and the best evidence suggests that there are at least 419 homeless individuals residing within the cities, inclusive of those who are sheltered and unsheltered. This report provides a comprehensive analysis of the status of the RHA's efforts to address homelessness and how this work can be optimized to better coordinate with the efforts of the County of Riverside and the several non-profit service providers that are crucial to the provision of much-needed homeless services.

The County is central to this optimization because it is the point of funding for homeless resources and services under the system that has evolved under State and Federal law to finance such services. Specifically, Riverside County is the designated "Continuum of Care" (CoC) recipient for State and Federal funding (which are mainly derived from the Housing and Urban Development Department (HUD)) which provides for homelessness assistance programs across the U.S. California distributes over \$400 million in HUD funding annually to CoCs across approximately 18 discrete homelessness assistance programs. Riverside County received almost \$16 million in such funding in 2023. Two very important data management systems that run through the Riverside County CoC system are the Homeless Management Information System (HMIS) that includes the Coordinated Entry System (CES). These are critical to tracking assistance to homeless individuals and family units and linking a continuum of care approach so that the homelessness cycle can be effectively addressed and broken.

The cities working under the RHA umbrella have developed individualized approaches to the homelessness challenge that are well-suited to their unique needs and circumstances. However, to make a real impact, the cities as a collective will need to align on and transition to a unified approach focused primarily on building trust and providing homeless individuals with the services they most need. Ultimately, this will be a cost-effective and sustainable approach, while also allowing the cities to take advantage of their organizational strengths and community assets. All the cities have devoted some staff and resources to addressing the homelessness issue and many have developed various partnerships with local non-profits to leverage different types of assistance. Formalizing the RHA and joining efforts with the County will help magnify and strengthen these individual efforts.

While some of the RHA's local initiatives are admirable and have brought positive results, greater integration with the County CoC system, particularly participation in the HMIS and CES systems and the overall planning process, is needed to substantially move the needle and stem the growing homelessness across the region. Moreover, to date, most city funding and support are coming from general fund sources, and the RHA, aside from a couple of grants, has rarely accessed Riverside CoC funding or HUD funding for services. This is a sub-optimal result because the RHA is not currently coordinating with regional resources or leveraging the funding resources available on a regional basis.

Our interviews with non-profit sector representatives supported this perception of a lack of alignment between the efforts of the RHA and the Riverside CoC. To some extent, the difficulty of regional integration is easily understandable since there is always some friction between regional and locally focused service delivery. However, when it comes to homeless service delivery, both the nature of the problem and the reality of the resourcing associated with the issue argue for better integration and coordination between the RHA and the Riverside CoC.

Our analysis concludes that the RHA needs to formalize its approach along three primary dimensions as follows:

1. Reduce territorialism by fostering a collective impact approach and increase ownership of the initiatives for the Regional Homeless Alliance.
2. Adopt a consistent approach to reduce or eliminate duplication of efforts, engage shared clients, and function as part of the County system.
3. Leverage staff, services, and other resources to reduce costs while improving overall outcomes.

In order to accomplish this, we suggest seven specific goals with associated action steps. The seven goals are listed below.

Goal 1: Coordinate, streamline, and improve street outreach and engagement

Goal 2: Regionalize encampment response protocols and grants

Goal 3: Standardize data collection, including integration with HMIS and CES

Goal 4: Connect with the County and the Continuum of Care System

Goal 5: Regionalize funding support from County/State/Federal Sources

Goal 6: Increase resource access points and the number of interim shelter beds available in the RHA

Goal 7: Develop permanent affordable and supportive housing units

This report includes 26 specific recommendations intended to effectuate the above goals, focusing primarily on supporting the formalization of the RHA structure and integration and data sharing with the County and the Continuum of Care System.

A key recommendation is the formalization of the governance structure of the RHA. Baker Tilly evaluated a range of governance options and ultimately recommended an option that can be considered the mid-range formality – a Memorandum of Understanding (MOU) among the current five city members. Our analysis concluded that a steering committee structure was not formal and durable enough, while a joint powers agreement (JPA) structure was too legalistic and formal for the current purposes. It was determined that an MOU would strike the right balance to facilitate the growth of a regional partnership for the next five years or so and can be re-evaluated as the partnership continues to develop.

The homelessness issue will continue to be a challenge with which municipalities will have to deal. The RHA is an innovative approach that has allowed the participating cities to blend some collective effort and economy of scale with local initiatives to drive improved service delivery. The next steps in improving this effort should be aimed at broadening the regional focus to integrate the RHA into regional decision making and resourcing.

Introduction and Background

The Cities of Lake Elsinore, Menifee, Murrieta, Temecula, and Wildomar (listed alphabetically here and throughout the report as relevant) in Southwest Riverside County (County) engaged Baker Tilly to create a Regional Homeless Alliance Action Plan that is both regionally based and compatible with each city's goals to reach functional zero homelessness and to formalize the Regional Homeless Alliance (RHA) structure.

A regional response to addressing homelessness is cost effective and offers operational benefits across jurisdictional lines as homeless people routinely migrate across city borders. No one city can solve homelessness independently, but together cities can target and prioritize limited resources to address local needs while holding all people accountable in public spaces. Comprehensive and coordinated results are vastly improved by implementing regional, integrated strategies. To start, it will be helpful to understand the legislative landscape concerning homelessness, which has helped shape this plan for a joint, five-city response to reducing homelessness in the region.

The report is organized as follows:

- Introduction and Background
 - State and Federal Legislation Related to Housing and Homelessness
 - Methodology
 - Homeless Operations by City
 - Homeless Service Providers and Other Stakeholders
 - County Resources
- Homeless Service Framework
 - Gap Analysis and Recommendations
- Regional Homeless Alliance Action Plan
- Formalizing the Regional Homeless Alliance

State and Federal Legislation Related to Housing and Homelessness

The Ninth Circuit Court of Appeals has jurisdiction over several states in the western United States, including the following: Alaska, Arizona, California, Oregon, Hawaii, Idaho, Montana, Nevada, and Washington. These states have been monitoring some key precedent-setting litigation that has fundamentally altered the landscape for both housing and homelessness policy in the last decade. These legal and legislative policy matters have precipitated cities' move toward developing and investing in resources to address homelessness, particularly as it pertains to responding to street homelessness and encampments.

Perhaps most significant among these is the 2018 *Martin v. Boise* decision of the United States Court of Appeals for the Ninth Circuit, which fundamentally provided a legal mandate that cities cannot cite homeless individuals for illegal camping or move them from public spaces without providing an alternative place to shelter. *Johnson v. City of Grants Pass* has since reaffirmed the *Martin v. Boise* decision.

Several cities in California have been notably challenged in local superior courts to ensure the development of enough resources to meet the needs of the homeless populations. For example, in the cities of Los Angeles and San Diego, California, and Portland, Oregon where issues around homelessness have been newsworthy over the past several years, these cities have received court-ordered stays and injunctions preventing the displacement of encampments in public spaces, until appropriate and accessible shelter or housing can be provided. For the first time in our nation's history, responsibility for homelessness resource development has been legally assigned to local government

jurisdictions, without consideration for cause and effect. The solution for homelessness is housing; however, the complexity of addressing growing service needs brought about by changes in homeless population demographics has increasingly been further complicated by the lack of appropriate resources to match these needs, in any community.

These federal cases have become the tipping point for many jurisdictions across the country to lean in, participate in solutions, and partner to create regional collaboratives that integrate County systems with state funding to achieve incremental and meaningful results. This is the most reasonable way to demonstrate compassionate responsibility.

Department of Housing and Urban Development's Continuum of Care Approach

The Continuum of Care (CoC) program was initiated by the U.S. Department of Housing and Urban Development (HUD) and spans all 50 states and six U. S. territories. In California, there are 44 CoCs. Each CoC comprises a diverse range of representatives from public and private entities, including civic groups, educational institutions, faith-based organizations, health and mental health care providers, local government, and nonprofit agencies. These CoCs play a crucial role in promoting evidence-based practices to prevent and end homelessness. HUD, through its CoC Program, offers annual competitive grants that both define and coordinate the homelessness response system, from prevention and diversion, street outreach, emergency shelter, permanent supportive housing, and rental subsidies.

Annually, California's CoCs receive approximately \$400 million through the HUD CoC Program to support homelessness efforts. In 2023, the County of Riverside CoC (CA 608) was awarded \$15,778,955 for 18 project renewals for rapid rehousing and permanent supportive housing subsidy programs, Homeless Management Information System (HMIS), and a planning grant.

Since its inception in 1995, borne by the Homeless Assistance Act (McKinney-Vento Act), the CoC has evolved in its funding priorities, from supportive services, and transitional and permanent housing projects to the current funding that only funds rapid rehousing subsidies and permanent housing resources. The Hearth Act of 2009 provided the most significant changes to the program in its history, incorporating a greater emphasis on HMIS data collection, mandatory participation in the systemic prioritization of housing units using the Coordinated Entry System (CES), and diversifying the membership on the CoC Board, to ensure representation from broader regional systems and incorporating the feedback from those with lived experience.

The County of Riverside (County) Department of Housing and Workforce Solutions (HWS) serves as the lead agency for the County's CoC, which also manages the following CoC components:

- Homeless Management Information System (HMIS),
- Coordinated Entry System (CES),
- Biennial Point-in-Time (PIT) Count, and
- Processes and submits the annual CoC grant application to HUD on behalf of cities within Riverside County.

The County CoC also functions as the planning body for pass-through funding of homelessness grants from the State of California (State), namely the Homeless Housing Assistance and Prevention Grant Program (HHAP), Homekey, and the Encampment Resolution Fund (ERF) Program.

HUD also manages the entitlement grant programs for the following:

- Emergency Solutions Grant (ESG), which can be used for prevention, street outreach, and emergency shelter programs.
- HOME Investment Partnerships Program (HOME), which can be used for move-in deposits, rental subsidies, building rehabilitation, or conversions.

- Community Development Block Grants (CDBG). CDBG is primarily an economic revitalization funding source, with the 15% public service cap funding permitted to be used to support homeless services activities.

Each of these HUD funding sources provided an additional allocation to assist local jurisdictions during the COVID pandemic through the CARES Act (e.g., CDBG-CV and ESG-CV) and through the American Rescue Plan (ARP) (e.g., HOME-ARP).

Initiation of the Regional Homeless Alliance

The Regional Homeless Alliance (RHA) was formed in 2016 and led by the City of Murrieta and the City of Temecula. Together, they had a shared vision for coordinating a regionalized strategy to address homelessness in Southwest Riverside County. They hosted RHA meetings semi-annually to share information about the work each city was doing and discuss trends and strategies for improving the overall response to homelessness in the region. However, during the COVID pandemic (from 2020 to 2022), the RHA meetings waned. Additionally, personnel changes necessitated a renewed commitment to the program.

In 2022, the City of Murrieta, on behalf of the RHA, applied for and received \$500,000 in federal grant funding from the Department of Health and Human Services to formalize the RHA and develop a regional homeless action plan that is both regionally integrated and compatible with each city's local goals. This is a regionally focused project including engagement with the five cities and the County of Riverside. The City of Murrieta's Community Services Director has served as the project manager.

The grant's objectives included building consensus on a comprehensive strategy to address homelessness and formalizing the cities' commitment to collaborative efforts. In 2023, Murrieta revitalized the RHA meetings, emphasizing education and investment for staff, and connecting City points of contact, outreach staff, and other first responders.

Later that year, the Cities of Lake Elsinore, Menifee, and Wildomar joined Temecula and Murrieta along with other stakeholders in the Southwest Riverside County region. Each city is committed to solving homelessness (i.e., achieving functional zero) through the development and implementation of regional approaches that start with communication, collaboration, and coordination.

Baker Tilly used the following methodology to obtain the information necessary to inform our analysis and recommendations and develop a Regional Homeless Alliance Action Plan through the various activities highlighted below.

Methodology

To assess the conditions and extent of homelessness issues across the cities within the Regional Homeless Alliance (RHA), Baker Tilly initiated the project by convening a pre-kickoff meeting in June 2023. The City of Murrieta, acting as the project manager, hosted the meeting and is overseeing the grant funding for the Regional Homeless Alliance Action Plan. From this initial meeting, Baker Tilly gathered essential information to conduct our analysis and shape the recommendations outlined in this report. The data were obtained through a range of activities as summarized below.

Document Review



Each of the five RHA cities was asked to submit responsive materials of their efforts regarding homelessness. The Baker Tilly team reviewed the submitted materials to gain insight into the staffing, funding, contracts with service providers and other entities, public-facing outreach materials, PowerPoints, and media articles on the topic of homelessness for the region.

Stakeholder Interviews



From July through September 2023, Baker Tilly worked alongside the five cities to determine the most appropriate City leaders, staff, and stakeholders across the RHA to participate in one-on-one, as well as group, interviews. The goal of the interviews was to gather in-depth insights, perspectives, and detailed information about current conditions, challenges, and goals relating to addressing homelessness across the region. Those interviewed included elected officials, city managers, fire and police chiefs, homeless liaison officers and sheriff deputies, school district representatives, code enforcement personnel, staff from city departments including planning, public works, and community services, and many of the local service providers who work primarily within the RHA region. A total of 54 individuals from these entities were interviewed during this phase of work.

Meetings with Leadership and RHA City Personnel



In October 2023, the City of Murrieta organized a meeting between the city managers and the Baker Tilly team. The City of Menifee was not represented at the meeting. During this in-person gathering, the group deliberated on the potential challenges and opportunities in formalizing the RHA as a regional collaborative. The topics covered street outreach, assistance with encampment response, mental health and addiction treatment resources, and the County of Riverside's capacity to provide behavioral health resources to the Southwest Riverside County region. The group established a commitment to the RHA and agreed to work together to share information, support regionalized funding applications, and host a meeting with the County leadership to address the specific needs of the RHA region in 2024.

Additionally, in the same month, the RHA hosted a meeting with the five school districts representing the region, where Baker Tilly was present. The focus of the discussion was the McKinney-Vento Liaison program which faces challenges due to funding reductions and difficulty identifying resource linkages in the area. The program aims to meet the growing needs of families experiencing housing instability. The insights from this dialogue have been incorporated into the Gap Analysis section highlighting some of the existing challenges within the RHA region.

Field Visits and Street Outreach Team Ride-Alongs



In November 2023, Baker Tilly staff accompanied staff from each of the five cities on a two- to three-hour street outreach ride-along of areas where homeless individuals congregate, and to tour identified resource locations. This experience was particularly beneficial for the Baker Tilly staff to observe the street outreach teams' approaches, the demographics of the homeless populations, and specific types of locations within the landscape of each city.

Resource Inventory and Geographical Information System (GIS) Map



Baker Tilly compiled a resource inventory, along with a companion map visually showing the number and concentrations of interim shelter beds across the five-city region. The resource inventory and Geographical Information System (GIS) mapping phase of the project was completed by reviewing all the submitted documents, information from the interviews of key stakeholders, and field visits. The interim shelter beds were GIS mapped (See Figure 2) to show where these resources are located throughout the RHA region. This is presented in the Gap Analysis section of the report as a heat map to show the different concentrations of available shelter beds across the region. Upon completion of this component, the GIS heat map was compared to the most recent PIT Count sheltered data and the County CoC Housing Inventory Chart (HIC) to assess alignment of resources within the area.

Participation in RHA Meetings



The City of Murrieta convened two RHA group meetings on August 24, 2023, and January 17, 2024, with the County of Riverside CoC leadership team who provided educational updates about the CoC operations and available funding. Baker Tilly provided status updates on the project deliverables at both meetings. During the first quarter of 2024, Wildomar subcontracted with Murrieta for street outreach support, provided by the nonprofit organization City Net, demonstrating a proactive alignment of regionalized street outreach service in the RHA region.

At the January 17, 2024 RHA meeting, the County of Riverside CoC leadership team discussed the State Encampment Resolution Funding (ERF) Program opportunity. They shared that the County was awarded multi-million-dollar grants for regional strategies that integrate city/county jurisdictional lands, expanded street outreach team services, contributed set-aside behavioral health beds, and scaled resources to address the needs of encampment dwellers.

Staff representing the RHA discussed working together on an RHA grant to mitigate the Murrieta Creek area, which spans the jurisdictional boundaries of Lake Elsinore, Murrieta, Temecula, and Wildomar. Having a by-name list for this multi-jurisdictional area would greatly strengthen the grant application.

Formalizing the Regional Homeless Alliance Governance Structure



The recommendations regarding the formalization of the RHA structure were derived from input provided by RHA stakeholders during the interview phase of the project. Additionally, our team's experience in developing regional partnerships informed these recommendations. Determining the roles and functions, together with the primary purpose for creating a formal agreement, has been under consideration throughout the project and fundamentally relies on the support of each city council, city management, and the attorneys who would ultimately draft the agreement for consideration.

Homeless Operations by City

Based on our research and observations, we have identified the current state of homelessness in each of the five cities. Below is a summary of each city's homeless response efforts. Based on our research we have summarized the following information by city:

1. City facts,
2. Staff responsible for homeless response,
3. Number of individuals experiencing homelessness,
4. Homeless resources within the city and contracts with nonprofits that provide services on behalf of each city,
5. Funding sources,
6. Summary of interviews with staff and stakeholders, and
7. Summary of field visits.

City of Lake Elsinore

Background

Lake Elsinore was incorporated in 1888 with a population of 70,265 within 43.5 square miles, with 5.3 miles comprised of a recreational lake. The City contracts with the Riverside County Sheriff's Department¹ for law enforcement services while fire services are provided by Cal Fire.

The City has a community support manager in Code Enforcement who coordinates grants, contractors, and regional partners, and the City's Task Force on Homelessness. Code Enforcement is responsible for quality-of-life issues and code violations on private property; the division is not equipped to and does not address homeless individuals, but rather enforcement of municipal land use codes.

A team comprised of a sheriff, code enforcement staff, and a representative from the nonprofit Social Work Action Group (SWAG) visits the lakebed area weekly, along with Public Works staff to clean and dispose of debris. During these team visits, individuals residing in encampments are encouraged to break down their camps and take what they identify as personal property with them. The items remaining are removed and disposed of.

The 2023 Point-in-Time (PIT) Count revealed 78 unsheltered and 32 sheltered homeless individuals within the city. The City outreach teams report 20 to 25 repeatedly-contacted individuals who are known by name and remain in the city. It is reported that most of the contacted homeless individuals state they are from the Lake Elsinore area. The City created a by-name list that has between 60 and 69 people on it.

Resources

- The City's outreach services are provided by SWAG, whose purview is focused on the chronically homeless population, which is estimated to be between 10 and 15 people.
- The Anchor is a 16-bed emergency shelter with rooms to accommodate single adults and couples, and is operated by SWAG and fully funded by the City of Lake Elsinore.
- Molina Healthcare, the Riverside University Health System, and the Lake Elsinore Family Care Center provide medical services to those experiencing homelessness in Lake Elsinore.
- Mental health services are provided by CalWORKs, Lake Elsinore Children's Mental Health Clinic, Lake Elsinore Multidimensional Family Therapy Team, Lake Elsinore Parent-Child Interaction Therapy Program, and Lake Elsinore Wellness and Recovery Clinic for Mature Adults.
- Food distribution services are provided by Lake Elsinore Dream Center Pantry and Mission Hope food pantry.

¹The Riverside County Sheriff's Department works closely with the County's Behavioral Health Assessment Team (CBAT) and with local police departments. The Sheriff's Department provides consistency throughout the region in how it addresses homelessness.

Stakeholder Interviews

The following are themes and specific insights Baker Tilly learned from the various interviews.

According to interviewees, the City Council is proactive in its response to homelessness; they have a designated 45-member Homeless Task Force on which the mayor and another council member serve alongside staff from Code Enforcement, City departments, and a sheriff's representative. The City is focused on its homeless residents and is currently using general funds for most resources, including The Anchor, SWAG, encampment clean-up, and other initiatives.

City staff have been tracking the population of those experiencing homelessness since 2018 and are aware of changes in the population. Lake Elsinore has a culture of offering those experiencing homelessness a hand-up rather than a handout and has been communicating this with the community.

There is an emphasis on providing the children of families experiencing homelessness with much-needed resources, stability, and consistency to prevent them from becoming the next generation to experience homelessness. The City is committed to providing the full continuum of care from street outreach to housing and jobs. The leadership views the City as an expert at crisis stabilization.

Field Visit

The City of Lake Elsinore's code enforcement officer and an outreach worker from SWAG met with Baker Tilly staff for a tour of The Anchor (details below), followed by a ride-along to visit congregation areas known for homeless populations in Lake Elsinore. The geographic challenges in Lake Elsinore were very apparent, specifically its five-square-mile lake with heavy vegetation, mostly private property lands, and some abandoned buildings located along the route of the field visit.

Staff reported 20 to 25 people are experiencing chronic homelessness, and that most of their contacts self-report that they are from the local area.

As mentioned above, SWAG staff provided a short tour of The Anchor facility that they operate. The Anchor is a 16-bed, non-congregate facility that was previously a motel that the City transformed using the State's Homekey program grant funding. Given the limited amount of interim shelter beds in the area, The Anchor appears to be serving a critical need for the City of Lake Elsinore. SWAG places individuals they contact during street outreach into The Anchor program while helping to connect them to broader supportive services and housing placement resources. The program provides a 90-day stay and is flexible to individual circumstances.

The SWAG street outreach team works 7:30 a.m. to 4:30 p.m. Monday through Friday and often is deployed with the senior code enforcement officer who led the field visit with Baker Tilly. Most of the areas visited were along commercial corridors, where homeless individuals were seen asking for money or food in and around shopping centers. There were some "No Trespassing" postings in some but not all the toured areas. The areas around the lake were in deep vegetation and hard to maneuver in a vehicle. Staff often use a drone to identify encampment areas because they are difficult to see or access in a vehicle.

City staff mentioned a rehabilitation center in unincorporated Riverside County, which is a residential recovery program for men, and has become a nuisance property due to clients remaining in the city after release. The City and the County have effectively worked together to mitigate the nuisance activity with the provider. City funding has been allocated for a relocation program to return people to where they have a support network to provide housing and other resources toward self-sufficiency, which is an excellent resource promoting family reunification efforts.

Other Observations

The City of Lake Elsinore acknowledged the need for a greater presence of County behavioral health resources to address the populations that are not accessing resources from other outreach team efforts.

City of Menifee

Background

Menifee was incorporated in 2008 and has a population of 103,227 in a 46.48 square-mile area. Police services are provided by the Menifee Police Department and fire services are provided by Cal Fire. The Police Department has established a unit called the “Problem Oriented Policing” (POP) that responds to homelessness-related calls for service. The department has collocated County response teams (comprised of HHOPE¹ outreach and CBAT² behavioral health clinicians) to address the homeless resource needs of those on the streets.

According to the 2023 Point-in-Time Count results, the City had 25 unsheltered and no reported sheltered homeless persons in the jurisdiction. Similarly, the Point-in-Time Count for January 2022 was 25, but among the visible homeless population, there are approximately 10 individuals whom staff report remain in the area over time and decline repeat offers of assistance.

Resources

- Medical services are provided by Menifee Global Medical Center which has a detoxification center, the Riverside University Health System, and Neighborhood Healthcare.
- Behavioral Health is provided by Community Access Network, Road Home Program, Lestonnac Free Clinic, and Adventures of the Heart and Mind.
- Path of Life Shelter has 50 beds and Project Touch has operated a seasonal (winter) emergency shelter in prior years.
- Food access and distribution services are provided by The Community Cupboard Food Pantry.
- The City utilizes 602 letters to enforce trespassing on private property as a means of addressing homelessness with property owners' consent.

¹The Homeless Housing Opportunities, Partnership and Education Program (HHOPE) is a County initiative focused on providing housing support services, including permanent supportive housing, by managing, coordinating, and monitoring all programs that offer housing support services to individuals experiencing homelessness.

²The Community Behavioral Health Assessment Team (CBAT) consists of two specially trained police officers and two County of Riverside clinical therapists who respond to calls for law enforcement services involving mental health issues. The goal of CBAT is to assist individuals in need of behavioral health services.

Stakeholder Interviews

The last Point-in-Time (PIT) Count revealed 25 homeless individuals, but staff report that the daily number of homelessness is much lower. The homeless individuals in the city are mostly transitory and do not stay in Menifee. According to staff, there are about 15 individuals who are regular to the area and are declining offers of resources. Additionally, many of these adult individuals are not employed and congregate in the Cherry Hills Plaza during the day and live with and receive support from their families in the community area known as Sun City. The perception by the public is that they are homeless, which generates complaints.

Staff expressed an awareness of the need to be proactive and to have resources and solutions ready now to stay ahead of future impacts related to homelessness.

Staff indicated that the City is motivated to share information and data regionally to improve the outcomes of frequent contacts with individuals experiencing homelessness.

Field Visit

The field visit in Menifee was a ride-along with one of the POP officers to visit a few known congregation locations.

The POP officer reported that they have 15 to 20 chronically homeless persons, mostly with significant mental health and/or substance abuse issues, who are not willing to or interested in being referred to resources. It was indicated that it is helpful to let the County teams address those issues, which allows the Police Department to focus on community safety and law enforcement priorities.

The Cherry Hills Plaza is an older shopping center that is centrally located in Menifee and is near the Riverside Transit Agency's (RTA) bus stop and a medical center. It has become a point of congregation for homeless individuals mostly due to its location and commercial offerings that include a thrift store and a smoke shop. The Police Department has been proactively educating the Cherry Hills Plaza businesses to offer resources that support those experiencing homelessness versus offering handouts.

The Menifee Police Department reports that the RTA bus stop at Cherry Hills Plaza provides transport from Lake Elsinore to the neighboring cities of Hemet and Perris. The individuals we contacted during outreach say that they are from Perris, Hemet, or Lake Elsinore.

Other Observations

Both the Cherry Hills Plaza and the Sun City Library are areas requiring mitigation and supervision with reported ongoing thrift store discards, drug dealing, and loitering in alcoves throughout the area. There is a vacated golf course nearby with a boarded-up clubhouse that has been an area for homeless campers.

City of Murrieta

Background

The City of Murrieta was incorporated in 1991 and spans approximately 33.65 square miles, with a population of 110,949. The City has its own police and fire departments.

The Community Services Department leads the City's response to issues related to homelessness. The director and one additional employee coordinate the efforts and manage the contracts for homeless services. These employees coordinate City Net (the contracted street outreach team), the Police Department, and other City and County efforts to address homelessness.

The Murrieta Police Department has four dedicated officers and one sergeant as part of the department's community policing team (CPT), and who work together with City staff to address homelessness. CBAT services are contracted for four days per week with the County of Riverside; however, the County has had a difficult time filling positions to support the effort.

The Fire department has experienced an increase in calls for service responding to homelessness; however, it's a very small percentage of the overall calls for services. Ambulance transport service is provided by American Medical Response (AMR) Ambulance, which is managed by the County of Riverside and coordinates services with the CBAT unit and the Riverside University Health Services Hospital.

The 2023 Point-in-Time Count results yielded 132 sheltered and 33 unsheltered for a total homeless population of 165 people. The homeless population is described as a small and often well-hidden group, with 15 to 18 known homeless individuals who are frequently contacted by street outreach teams and known by name.

Resources

- The City funds a street outreach provider called City Net for case management, transportation, navigating processes, and developing individualized housing and stability plans for homeless individuals.
- Sheltering services are provided by Project Touch to connect those from outreach to shelter. The City contracts for 16 beds. During our review, we identified a gap in moving people from the shelter to other resources and the subsequent steps to get individuals permanently housed. This has reportedly created a limitation on the availability of beds for new clients.
- Since August 2023, the City has been contracting with Care Solace to provide mental health navigation services with funding from the nationwide opioid settlement that began disbursing funds to local governments in 2022. Mental health services are provided by Care Solace and the County's CBAT team.
- The City has limited affordable housing units, but is working on several projects including Oak View Ranch, which will provide 119 apartments for families earning less than 60% of the Area Median Income (AMI). This project is estimated for completion in 2025. Another affordable housing project is Monamos Terrace, which will provide 139 apartment units for low-income families earning 30% to 80% of AMI. The City is coordinating with the developer, Project Touch, and the Murrieta Valley Unified School District to create a waitlist. The Project is opening in Summer 2024.
- The Salvation Army is willing to assist in any way possible and, while located in Murrieta, its service area includes the entire RHA area.
- The City has several medical centers, hospitals, and clinics, including Loma Linda University Medical Center, Rancho Springs Medical Center, and Rady Children's Hospital.
- Two food pantries currently assist the Murrieta community: The Community Food Pantry of Murrieta and the United Methodist Church.

Stakeholder Interviews

The City reports an increase in homelessness, specifically of women and children living in vehicles, as well as the lack of resources in the area. There is also an acknowledgment that additional work needs to be done now to prepare for the future and to decrease the homeless population before it increases further. There is a reported lack of County resources and support in the Southwest County region, likely due to higher concentrations of homelessness in other parts of the County. Staff shared that more County resources are needed, specifically related to mental health services and substance abuse treatment options. Relatedly, staff report an increase in homeless individuals with mental health issues who are not willing or able to accept offered services, which they believe results in perceived safety concerns in their community.

The City strives to redirect newcomers by reuniting with families by providing bus tickets, offering services, and using enforcement as warranted.

As of February 2024, the City of Wildomar entered into an MOU with the City of Murrieta to "purchase" 1.5 days of street outreach service utilizing City Net, reserve up to four shelter beds at Project Touch's emergency shelter for Wildomar residents, and provide case management services at the shelter.

Field Visit

Participants on the ride-along included Murrieta staff, two City Net street outreach workers, and two law enforcement patrol officers. The team drove to known locations around the city, which included the back areas of large shopping centers that have contiguous areas of brush and vegetation. The property ownership was mostly private or part of either Caltrans or a flood control district, with areas that may be considered ecologically protected areas. Some of the areas had no trespassing signage and the fencing

was either compromised or not present. In a few locations, there were large debris fields as evidence of an encampment; however, no individuals were observed in these areas during the field visit.

Very few homeless individuals were seen during the ride-along; however, the following locations had homeless individuals in the area: the Cal Oaks Shopping Centers, Murrieta Creek, MHS/Whitewood Synagogue (vacant) near a flood control tunnel, Monroe Retention Basin, Rival Coffee parking lot, Savers and Starbucks area, Walmart and Denny's restaurant, a storage facility, and the Arbor Apartment Complex dumpster area which was contiguous with a large flood control basin.

Several of the known congregation areas are in ecologically protected areas and properties with multi-jurisdictional ownerships (private, Caltrans, City). In these areas, there was poor fencing, limited or no postings, and debris fields that had not been cleared and/or secured. City staff acknowledged having only informal encampment protocols. The City does have a reimbursement agreement with Riverside County Flood Control District (RCFCD) in the amount of \$75,000 per year to provide encampment removal and clean up services on RCFCD property.

The outreach team reported that they had 41 contacts with homeless individuals in the October monthly report with 15 to 18 known individuals contacted regularly during street outreach.

City of Temecula

Background

The City of Temecula was incorporated in 1989 and has a population of 110,003 within its 37.27 square miles. The City contracts with the County of Riverside for law enforcement through the Sheriff's Department, and with Cal Fire for fire services. The Community Services Department is responsible for coordinating homeless outreach services. Community Services has one manager and three employees who, in coordination with the Sheriff's Department, are responsible for managing the homelessness response efforts for the City.

The CORE (Community Outreach, Resources, and Engagement) Team targets spending two days weekly in the field directly to support the Homeless Outreach and Prevention team, in addition to supporting the City's quality of life issues. Sheriff deputies perform regular visits to known areas to reduce the possibility of encampments forming. Visually, there are little to no visible encampments, but there has been a slight increase in the number of homeless individuals in the area.

The 2023 Point-in-Time Count showed 38 sheltered and 35 unsheltered for a total homeless population of 73. In June of 2023, the City conducted a street outreach census to create a by-name list, which included 69 unsheltered individuals. The street outreach team reports that 30 to 40 homeless individuals are regularly contacted and are known by name.

Resources

- The City identified a building across the creek from downtown that is being used as the Temecula Resource Center, where street outreach workers meet with the homeless population by appointment to provide linkage to resources. Individuals can also walk in without appointments on average of three hours daily.
- Western Eagle Foundation is a food distribution center located within the city.
- The Community Mission of Hope (CMOH) is a nonprofit that focuses on at-risk and/or recently homeless families. They run a 12-acre facility in Temecula called Empowerment Village. There are nine houses, with four co-owned with the County of Riverside Housing Authority, for shared living for single mothers and their children. They combine case management and educational services about financial literacy and the importance of having a savings account. CMOH also provides a food pantry and serves as a significant resource in this area for addressing food scarcity.
- The City receives six set-aside beds through The Ranch bridge housing program operated by SWAG.
- Encampment protocols have been formalized, and with a funding contract with the County of Riverside Flood Control District, the City can respond to encampments in the District's jurisdiction, which includes a creek that runs along the freeway corridor, with all four offramps in Temecula running parallel to the creek. The City contracts for cleanup services to be done routinely in the creek bed, in parks, and at City facilities. Funding is from the County Flood Control for the creek bed cleanup, but requires heavy documentation, photos of effort, and location-specific information. Funds from the American Rescue Plan Act (ARPA) are being used to install perimeter fencing along the creek bed as a deterrent.
- The City uses "602 letters" for enforcing trespassing on private property as a means of addressing homeless persons with property owners' consent.
- The City also has a mobile application for residents to report community issues, including encampments.
- The City has a cooperative agreement with Riverside University Health System (RUHS) for behavioral health and addiction services, and Temecula Valley Hospital also addresses medical issues among the homeless population.
- The City's Homeless Prevention and Diversion Program is focused on developing partnerships across agencies to improve service provision coordination, build trust between law enforcement and those experiencing homelessness, and enforce law violations in order to improve quality of life for everyone in the City.

Stakeholder Interviews

City leadership recognizes the need for proactive solutions that address homelessness. The City approach, referred to as "Responsible Compassion," functions to connect people to resources while holding people accountable in public spaces. It should be noted that the City's outlook and approach toward outreach are driven by the belief that increasing the power and role of the police in enforcement improves outcomes for those experiencing homelessness because it makes it more likely for the unhoused to accept resources, according to staff. The City has some individuals who are persistently homeless in the community who decline resources during outreach contacts. The City provides relocation assistance for those stranded in the area, and the teams remain proactive to ensure the visible homeless population is contacted regularly with offers of assistance. While there has been a slight observed increase in homelessness in the area, the City reports remaining proactive in its approach.

The City is sensitive to its tourism industry and requires quality-of-life issues be responded to quickly. The community is highly aware of a visual increase in homelessness. Perceived impacts from a free bus service from San Diego to the local casino were mentioned a few times during the interviews. The City

strives to redirect newcomers by reuniting with families by providing bus tickets, offering services, and using enforcement as warranted.

The City is experiencing a transient homeless population with reports of single mothers with kids in vehicles, younger people who are couch surfing with friends or family, and a higher number of younger white males who are experiencing homelessness. The City acknowledges that it makes sense to address visible homelessness, but they are missing opportunities to support and assist families who are about to lose their homes, families living in vehicles, and multiple families who are living together because they cannot afford a home. However, the City has recently shared that they are exploring ways to focus additional resources to bridge these service gaps.

Field Visit

The field visit started at the Temecula Resource Center with the community services manager, two City employees, two SWAG outreach staff, and two Sheriff patrol cars.

The group visited congregation and encampment areas. During the ride-along, the team was able to locate and contact some of the chronically homeless and made a few new contacts. The team did an excellent job of demonstrating their “Responsible Compassion” approach to outreach and engagement strategies. They were able to skillfully strike up conversations, assess the situations, offer resource linkages, and were human centered in their approach. Most of those contacted were under the age of 30 and mentioned having family in the area.

The locations visited during the ride-along consisted of shopping centers and contiguous wooded areas. At the two shopping centers, the team engaged several individuals in their 30s in dialogue about services or congregate shelters. They indicated they have local ties to the community and have family in the area. While the individuals contacted did not have animals with them, staff mentioned that having dog kennels at The Ranch would be helpful.

Other Observations

Temecula is an active participant in the RHA meetings. The City is willing to consider scalable contributions to the RHA, contingent upon the equity of the other cities’ contributions, while ensuring that all member cities have skin in the game and that contributions are scaled to the volume of need in each city.

City of Wildomar

Background

The City of Wildomar was incorporated in 2008 and has a population of 36,875 within 23.7 square miles. Police services are provided by the Riverside County Sheriff Department and fire services are provided by Cal Fire. Homeless outreach is deployed once a week with Code Enforcement, Sheriff, and City Net to mitigate the areas of known homeless congregation to prevent encampment growth and provide resources to those seeking assistance.

Wildomar entered a Memorandum of Understanding (MOU) with Murrieta in February 2024 for street outreach services to be provided by City Net. Under the MOU, City Net will provide services available under the existing agreement with Murrieta for homeless street outreach, case management, emergency sheltering services, encampment clean up, and other services to meet the goal of functional zero homelessness between the two cities.

Wildomar describes its homeless population as one of migration, traveling on foot or by RTA between neighboring cities, or as being discharged from the Regional Inland Valley Medical Center, which is the regional center that also offers medical detoxification for substance abuse disorders.

The Sheriff's Department reported that the street homeless population is primarily engaged in criminal and/or substance abuse activities, or mentally unstable. The County CBAT team works with them, while the sheriffs' roles are enforcement. They report repeated arrests of the same individuals, for trespassing, being under the influence, or being in possession of drugs and/or paraphernalia.

Nuisance abatement on private property represents the primary response for the City. A team comprised of the Sheriff, Code Enforcement, and outreach staff are deployed once per week to known congregation areas where homeless persons are located. The team reports six to 10 homeless individuals known by name and who remain in the jurisdiction over time.

In addition, the team is addressing vacant properties and properties owned by people who choose to reside in recreational vehicles (RVs) on small parcels of land that they own. The code enforcement team is tasked with mitigating code violations reported by private landowners and addressing trespassing issues from homeless persons and/or encampments on private property of absent landowners.

The 2023 Point-in-Time Count revealed 10 unsheltered and 36 sheltered homeless persons.

Resources

- The City has the following resources available for medical assistance for homeless people: Southwest Healthcare Inland Valley Hospital, Riverside University Health System, and Kaiser Permanente. Mental health services are provided by Mid-County Region Behavioral Health Services, all other behavioral health services are not located within the city's limits.
- Food distribution services are provided by Mission Hope Food Pantry.
- Project Touch is a primary residential service provider in the region that is planning for the development of a three-acre site within the City of Wildomar, and is proposing 50 beds for families, women, and children experiencing homelessness.
- The families with children are a more hidden population and they are the City's focus and priority. The City also has a twenty-five-acre parcel for multifamily mixed residential housing in the planning phase.

Stakeholder Interviews

Wildomar is a newer city, having incorporated in 2008, that is made up of vast open space with a combination of vacant privately owned parcels. The city has seen the homeless population increase slightly over time. In response, the City Council has established a homelessness subcommittee that staff report is actively working on the most effective methods to respond to homelessness-related issues.

According to staff, the City and subcommittee members are focused on helping families and children to prevent the next generation of homelessness. The undeveloped land, as well as the shopping and transit corridors, are identified as areas where the homeless tend to congregate. There is a pending local tax measure (Measure AA) that would provide funding for encampment cleanup and other services. Additionally, the City recently entered into an MOU agreement with the City of Murrieta for City Net to provide street outreach services in the community.

At the time of our interviews, the City's code enforcement team was responsible for providing homeless outreach after the City's agreement with SWAG ended. As noted above, the City is comprised of vacant land and there are property owners living in RVs on their parcels without proper utility hookups. In other cases, homeless individuals park RVs on privately owned vacant land without permission. The code enforcement team acts in both situations either working with the property owner to find alternative living options or using "602 letters" to enforce trespassing from the privately owned land with that owner's permission.

Field Visit

The ride-along in Wildomar was with two experienced full-time code enforcement officers who report spending about six hours a week on homelessness. Wildomar has operationalized the “602 letters” whereby private property owners provide permission to the City to enforce trespassing on private lands.

City staff report that the State’s Department of Fish and Wildlife environmental protections are an issue with the encampments within vegetation areas in and around waterways. Staff also noted that the RTA bus line traverses the area and connects to several congregation areas within the RHA. Staff perceive this may facilitate the migration of new homeless contacts into the area.

Along the route, staff also pointed out the location of Project Touch’s proposed three-acre site, set to add 50 shelter beds for homeless individuals with children. While the proposal is in the early stages of planning and approval, completion of the site could provide a meaningful contribution to the RHA’s interim housing needs.

The ride-along also cut through the Bundy Canyon area where several 0.25-acre private lots have the landowners living in parked recreational vehicles (RV). Staff explained that regulations prohibit drilling water wells and septic on the lots, so the RV occupants present a unique challenge for code enforcement. Since these individuals are living in violation of City codes, they may be considered part of the homeless population.

The Inland Valley Health Center was reported by staff to be a perceived tributary to homelessness in Wildomar. It serves as the regional trauma center and has a substance abuse detoxification unit. Staff indicated having contacted hospital discharge planning staff in the past, as a means of coordinating care and connecting resources for homeless individuals prior to discharge from the facility.

RHA Interview Summary

Several themes emerged that cut across and impact all five cities of the RHA. These include:

- A perception that there is a mental health crisis in the region, especially among the homeless population, and that mental health crisis response resources are the region's most prevalent need. There were also reports that the County has struggled with workforce challenges in maintaining the clinical capacity to properly staff its CBAT teams.
- An "us versus them" mindset among the RHA member cities that prevents genuine collaboration and teamwork as a region; related to this is a hesitancy from some RHA cities to accept County resources due to the perception that County referrals would strain the already limited capacity in the RHA.
 - Some City leadership (particularly elected officials) perceive that neighboring cities are moving homeless individuals across jurisdictional boundaries, particularly to those cities with resources.
 - To be successful, the RHA will need to address homelessness as a regional issue that they must approach in coordination and by optimally leveraging each of their strengths and limited resources.
- An understanding that having a shared database for tracking outreach contacts, resource linkages, and service history for the population would be a very beneficial way to share regional experience so that each new contact could start with a bit of background information from the shared database.
- County and CoC funding opportunities have been missed by the RHA cities for the most part. Cities are using General Fund dollars to support their response efforts, and as a regional RHA, the Cities would be more competitive and successful in securing County funding support.
- A need for better coordination among members of the RHA and their selected service providers, and a willingness to actively participate in the RHA.
 - There is a need for alignment across the RHA cities' and their service providers' approaches to street outreach and encampment response. Specifically, outreach and engagement activities should take a more human-centered approach rather than a problem-oriented and/or nuisance abatement strategy that is used.
 - The RHA should leverage and expand SWAG's approach with The Anchor, by placing individuals they contact into interim shelters pending placement into treatment programs and housing, which are difficult to access in this region. This model should be replicated across the region, with other service providers and partners as feasible.
 - It should be noted that Menifee has had limited capacity to engage in the RHA project due to a transition in City leadership. The City did not attend the meeting of city managers across the RHA cities in October 2023, and has not had staff representatives at the RHA meetings. Continuing efforts should be made to ensure engagement of all five member cities of the RHA, including involving the leadership of each city.

Currently, the City of Murrieta hosts the semi-annual RHA meetings and works to engage the other four cities in opportunities for partnership, collaboration, and funding opportunities. An example is the recent partnership of Wildomar's MOU with Murrieta to share street outreach provider services through City Net. Moreover, the County CoC leadership regularly attends the RHA meetings to inform and educate the city teams about resources and funding availability to strengthen outcomes for the region. This is a great start, but the RHA will need to coalesce around a shared vision and goals to fully realize the benefits of a regional approach to addressing homelessness.

Homeless Service Providers and Other Stakeholders

Baker Tilly interviewed representatives from the largest homeless service providers operating programs within the RHA, as well as staff from the Department of Education, the McKinney-Vento Act homeless liaison at the Murrieta School District, and a Murrieta Chamber of Commerce representative.

Homeless Services Providers

As part of a regional response to homelessness, nonprofit organizations play a key role within the system of care. Baker Tilly interviewed key stakeholders who are providing services to the five cities within the RHA.

Interviewed seven representatives across the following:

- **City Net** - conducts street outreach and provides case management services at the Project Touch emergency shelter.
- **Community Mission of Hope** - provides a food pantry and supportive services, and operates a residential facility in Temecula for women and children called Empowerment Village
- **Murrieta Salvation Army** - provides basic support and referral services for those in crisis
- **Project Touch** - provides residential bridge housing
- **Social Work Action Group (SWAG)** - conducts street outreach and operates two shelters (The Anchor and The Ranch)

Service Provider Interviews



Themes

Service Silos



The service providers located within the RHA area and/or serving this area of the county are operating independently for the most part, and are not actively sharing data on regional clients, coordinating approaches, or engaging with the County CoC. Some are familiar with the County's HMIS system, but none use the system consistently. Countywide housing placements are prioritized via the CES, which is a portal within the County CoC HMIS data system. The CES is a critical missing link to Countywide affordable and permanent supportive housing that does not exist within the RHA.

Lack of A Coordinated Approach to Street Outreach



There are two street outreach service providers in the RHA region. Lake Elsinore and Temecula contract with SWAG for street outreach services. Through SWAG, Lake Elsinore receives linkages to beds located at The Anchor, which is operated by SWAG. Temecula receives beds through The Ranch. The City of Murrieta contracts with City Net and has recently entered into an agreement with Wildomar to share City Net outreach services across city borders. In addition, Menifee funds the County's HHOPE team to conduct street outreach. The RHA cities have been encouraged to maintain a nonprofit provider for street outreach, to ensure that engagement and resources are offered to homeless persons before any enforcement or encampment displacements occur. However, there is currently no coordinated approach to street outreach across all five member cities in the RHA, and City Net and SWAG both reported that they operate independently for the most part.

Service Gaps



Service providers shared their perception that the region lacks County behavioral health resources, affordable housing, transportation, and services for single women and seniors experiencing homelessness. Details of existing services as well as gaps are shown in Table 3 on pages 32 to 33.

Lack of County Continuum of Care (CoC) Integration



Project Touch is the only service provider among those interviewed that serves the entire RHA region, as well as surrounding areas. They provide 265 beds for interim shelter across the region, but the organization is primarily volunteer-operated and is not formally connected to the County CoC via HMIS or the CES, thereby significantly limiting its effectiveness and positive impact on longer-term outcomes for clients who utilize their services.

Challenges with Existing RHA Model



Service providers expressed experiencing some challenges working within the current RHA structure. These include difficulty in communication across the region, partially because the Cities have different perspectives about deliverables and differing structures for managing homelessness, and staff answer to varying entities that are not aligned in their approach. Another challenge shared is that the current RHA meetings have been structured for information sharing and networking, rather than working toward overcoming challenges and setting actions to achieve collective goals. Moreover, there is the perception that the RHA members continue to operate independently rather than collectively as intended by the formation of the RHA.

A Coordinated Regional Approach



Feedback from the service providers was very positive about the potential benefits of the RHA model. Interviewees believe that with a well-functioning RHA and collective approach across the five cities, more individuals experiencing homelessness will be provided services, data sharing will be implemented, the County will be helpful in coordinating efforts, and everyone in the ecosystem can start working together in unity to address homelessness in a more streamlined manner.

Other Stakeholders

Some of the comments and themes that were shared during the Baker Tilly interviews with the Department of Education representative, the Murrieta School District (District) McKinney-Vento homeless liaison, the Murrieta Chamber of Commerce include the following:

- The “602 letter” used across multiple RHA cities has been helpful in effectuating a zero-tolerance approach to encampments. The letters are estimated to have been about 70% successful in mitigating encampments thus far.
- Transportation is both a need and a gap for this region.
- Behavioral health treatment options are not available or not accessible given the volume of need.
- The influx of people, including patients leaving the Inland Valley Hospital, the Lakeland Village Rehab Center, and the jails is contributing to a growth in the number of individuals experiencing homelessness in the region.

- The Murrieta Valley Unified School District has roughly 400 students who qualify for services under the McKinney-Vento Homeless Assistance Act, which requires educational agencies provide equal access to education to children experiencing homelessness. Resources are reportedly limited in this area, and the District has not been able to effectively help its students. Funding reductions from Proposition 10 and the increased needs of students and families in the District are gaps in the system, because these students and their families do not meet HUD’s definition of homelessness. The families are experiencing a housing crisis yet the District has been informed by the CoC that school districts are not eligible for ESG homeless prevention funding.

County Resources in the Region

County of Riverside, Continuum of Care (CoC)

The County of Riverside CoC (County CoC) is located within the Housing and Workforce Solutions Department (HWS). The CoC is the regional planning body that coordinates and oversees supportive services for homeless families and individuals including housing with the goal of assisting them in achieving self-sufficiency. The purpose of the CoC as authorized by the McKinney-Vento Homeless Assistance Act is designed to:

1. Promote a community-wide commitment to the goal of ending homelessness through regional coordination and collaboration.
2. Advocate for funding and resources to end homelessness and provide funding for proven efforts by nonprofit providers, states, and local governments, to quickly rehouse people experiencing homelessness while minimizing the trauma and dislocation caused to homeless individuals, families and communities by homelessness.
3. Promote access to and effective utilization of mainstream programs by homeless individuals and families.
4. Promote the implementation of best practices and evidence-based approaches to homeless programming and services.

In January 2022, the County HWS and CoC created a Homeless Action Plan. In alignment with the goals of the County CoC, the plan provides five goals for preventing and ending homelessness, which are listed below.



County CoC Homeless Action Plan Goals

- Strengthen system to better prevent and end homelessness.
- Equitably address the health, safety and service needs of people experiencing unsheltered homelessness
- Expand communities’ capacity to provide safe and effective shelter and interim housing
- Expand and ensure equitable access to permanent housing in our communities
- Prevent people from experiencing the crisis of homelessness

The County CoC Point-In-Time Count conducted February 23 to 25, 2023, estimated the countywide homeless population to be 3,725. This figure reflects both sheltered (1,284) and unsheltered (2,441) individuals.

Efforts by the County CoC and partner agencies are critical in coordinating responses, expanding emergency shelter beds, and sustaining prevention efforts. The adopted [County of Riverside Homeless](#)

[Action Plan](#) aims to address homelessness effectively and keep vulnerable low-income residents in housing.

The County of Riverside and the County CoC play key roles in the success of RHA to reduce homelessness to functional zero. The RHA should be actively engaged with the County response effort for resources and assistance.

Specifically, several key County programs will assist the region and are described below.

- The **Community Behavioral Health Assessment Team (CBAT)** in Riverside County plays a crucial role in addressing mental health issues within the community. A CBAT team consists of a specially trained police officer and a County of Riverside clinical therapist. These professionals work collaboratively to respond to calls for law enforcement services involving mental health issues in the community. When they arrive on the scene, the therapist takes the lead role in evaluating the behavioral health issue, while the officer provides safety oversight and law enforcement expertise. The CBAT team aims to provide in-depth assistance to individuals in need of behavioral health services. By combining clinical expertise with law enforcement support, they address behavioral and mental health crises effectively. Their presence helps ensure the safety of both the individual in crisis and the community.
- The **Homeless Housing Opportunities, Partnership and Education Program (HHOPE)** in Riverside County is a vital initiative aimed at addressing homelessness and providing housing support services. HHOPE is funded through the Mental Health Services Act (MHSA) as part of the original Community Services and Supports (CSS) plan. Its primary role is to manage, coordinate, and monitor all programs that offer housing support services to individuals experiencing homelessness. HHOPE operates two essential programs: “The PATH” and “The Place.” These programs specifically target chronically homeless adults who, due to serious mental health disorders, have rejected housing and resisted support.
- **Street Medicine** is a newly funded program in 2024, to be deployed countywide, and benefit the RHA region. This program will augment current street outreach teams with medical personnel who can triage medical needs among the unhoused populations. This is a valuable engagement tool that can be a catalyst for homeless persons to receive and begin engaging with critically needed healthcare.

Interaction between the County and Cities of the RHA

On January 10, 2024, the County CoC met with Baker Tilly and Murrieta staff to discuss the HMIS data to determine the best approach for the creation of a by-name list for the RHA. Upon review of the data, there were 378 individuals listed, primarily recent enrollments into the County CoC and homeless programs. City Net and SWAG were identified as HMIS users operating within the RHA. City Net enters contacts from street outreach and SWAG has enrolled the clients residing within The Anchor program, which is a requirement of the County ESG funding for the program.

Because the cities and the service providers are generally not using the HMIS database for service coordination, the PIT Count results likely show a lower demand for services relative to other parts of the County, and RHA representatives have not actively or consistently participated in County CoC planning meetings or subcommittees, nor pursued funding opportunities. As a result, the region of Southwest Riverside County may not be receiving its share of available funds and other available County resources. This sentiment was shared by several interviewees as a potential benefit of joining together to formalize the RHA.

Additionally, some key developments within the region will have a favorable impact on the effectiveness of response, namely, the newly expanded Behavioral Health Center, access to regionalized sobering or detox centers, and opportunities to site residential programs for shelter and permanent supportive housing in County unincorporated areas near the RHA region.

There are many opportunities available to the RHA that stem from greater collaboration with the County, and it is advised that the leadership of the RHA jointly pursue and advocate for assistance in meeting the most critical needs of the region. Primarily, the objective is to stabilize the capacity and enhance consistency of the CBAT and HHOPE teams in the region, as they are currently understaffed and under-resourced. The County of Riverside, like many other counties in the state, continues to have workforce challenges in the areas of behavioral health, community-based crisis response units, addiction counseling, availability of shelter beds, and sufficient housing placement resources. Moreover, the Riverside University Healthcare System (RUHS) is heavily relied upon in the region to provide care-coordinated responses, in conjunction with law enforcement and street outreach partners in the RHA.

While the City of Murrieta has received some funding from the Housing and Homelessness Incentive Program (HHIP) as part of the CalAIM implementation, other examples of expanded resources for this area have yet to be identified. CalAIM could be a critical funding source to support wraparound services in the homeless services response system. One example that would be impactful is the expansion of the Care Solace program that Murrieta has invested in for system navigation services for clients with mental health needs. It would be beneficial for this resource to be regionally funded to provide this necessary service for the RHA region, and as a means of assisting the County in meeting the workforce gaps for full implementation of behavioral health assistance and navigation.

Homelessness Service Framework

Overview

Feedback from Cities on the Regional Homeless Alliance: Past, Present, and Future

During the interviews with leadership from each City, it was evident that each understood the value of being a part of the Regional Homeless Alliance (RHA). Based on stakeholder input, Baker Tilly identified the three main priorities of such a collaboration as listed below.



It became apparent throughout this engagement that city leaders would support a regional system with a commitment from all parties to support the effort fully, whether that equates to funding or providing resources, sharing knowledge, or coordinating outreach. To dramatically change homelessness in the region, each agency needs to contribute equitably and engage fully. It will require investments and political will to build a successful collaboration that is seen as having value for each participating jurisdiction. If all cities were equally committed to the RHA, homelessness in the region could be reduced to functional zero.

Some of the feedback suggested that elected officials, law enforcement and city management may not be on the same page, despite acknowledging that this would be beneficial for all parties. There is some reluctance to participate within the County CoC because local resources could be used for regional referrals, and the perception that participation in the County's Coordinated Entry System (CES) has not led to many housing placements for the clients within this region. However, it should be noted that success with CES is directly correlated to the amount of HMIS data available for homeless clients in the RHA.

There is a need to define the value proposition for the RHA member cities to spur true collaboration and formalize the RHA. The benefits of working collectively toward a solution will surely outweigh any individual costs, as will be seen in a reduction of impacts on the community, libraries, parks, and open spaces as well as the reduction in the cost of providing redundant services by public safety, code enforcement, cleaning crews, and other staff who are responding daily to homelessness complaints and concerns.

Building An Effective System of Care

Homelessness is considered one of the most challenging social issues of our time. Because the causes of homelessness are diverse and equally complex, the solutions are multifaceted as well. No one entity or jurisdiction can solve homelessness independently without key partnerships with the broader countywide system of care. State and federal legislative and funding priorities are needed to effect sustainable

change. The most effective homelessness response system requires cities to work with counties and Continuum of Care (CoC) jurisdictions, while integrating resources within healthcare, criminal justice, behavioral health, and educational systems. To integrate these systems effectively, each city is encouraged to invest in a collective impact approach, which requires each entity to rely on the contributions of others to share successful outcomes. Trust and transparency are required for this level of regional commitment.

Counties generally operate behavioral health, criminal justice, public health, and CoC homeless systems. Cities have land use authority and responsibility to manage public lands, code enforcement of private lands, and revenues collected from property, business, and tourism taxes (among others), while balancing the quality of life for residents and visitors alike. It is neither realistic nor sustainable (nor in many cases, possible) for an individual city to make substantial investments to solve homelessness without the necessary systemic components, and without access to regionalized affordable housing and subsidies from Public Housing Authorities. State and federal funding has been critically necessary to sustain effective responses to homelessness, particularly given the recent investments by the State of California.

The following figure illustrates the numerous components of an effective homelessness response system that the RHA will need to consider and build out in collaboration with the County, local school districts, and other strategic partners, as needed. As mentioned above, approximately half of the components shown in Figure 1 fall within the purview of the County. As such, a successful regional approach must seek to fully integrate County resources and requires the RHA's participation in the broader system of care.

Figure 1. Elements of An Effective Homelessness Response System



¹ Medication-assisted treatment

² Federally Qualified Health Center

The Importance of a Regional Approach

The sharp rise in street homelessness in California, especially in larger cities in the last decade, has brought homelessness to the forefront of community needs, and addressing homelessness has become a top priority for many local agencies. These growing needs, along with limited capacity, prompted many cities to engage with neighboring municipalities and their respective counties to be more directly involved with their local CoC systems to cultivate regionally responsive collaborations for street outreach and shelter and housing development strategies. While many cities have identified a need for collaboration to increase their capacities and provide impactful resources, most cities are simply unable to fund an effective response network without external funding and strong regional partnerships.

There are other similar examples of needed regionalized municipal-county services, primarily fire service, law enforcement, and animal care services, due to the need to provide these services yet not having fiscal or personnel capacity to manage or justify independent provisions within each independent

municipality. Homelessness is one such example, because it requires capacity, funding, and technical expertise that has not typically been available within local municipal government entities.

The importance of working regionally is further illustrated by the fact that homelessness is a migratory issue, not limited to the borders of any one municipality. The demographics and specialized needs of those experiencing homelessness are just as diverse. It would simply not be realistic for any one city to attempt to provide all the system response components independently of County systems and state and federal financial investments.

Likewise, proximate, accessible siting of interim beds and navigation centers with transportation linkages to employment and housing requires an alignment of funding, political will, community support, and capacity to manage the programs operationally and within a broader system of care. On this note, finding an appropriate site to host a resource hub for homelessness response presents unique challenges. While one city may not be able to secure an appropriate site, another city may find a site but not have the financial resources to independently develop and operate the site. Partnerships are required to be successful in this work.

Examples of Successful Regional Approaches

An example of a regional approach is within the County of Orange, which is comprised of 34 cities. The County was divided into three Service Planning Areas (SPA) for the purposes of aligning street outreach services, behavioral health response, shelter beds, and housing placements. County of Orange departments and its CoC worked together to ensure resource distribution was appropriate in each of the three SPA regions (North, Central, and South) based on the biennial Point-in-Time Count results.

In response to the *Orange County Catholic Worker et al. v. County of Orange et al.* litigation, cities were able to settle the lawsuit by participating in the development of sheltering resources. The North SPA consists of 13 cities that were able to band together in a formal Memorandum of Understanding (MOU) to create two regional navigation centers, one in Buena Park with 149 beds and one in Placentia with 100 beds. Street outreach is shared across the region in alignment with law enforcement and community-based referral partners. The MOU contains cost sharing across the partner cities, with cost credits provided for the host cities of both shelters. Policy decisions regarding the programs are voted upon by the North SPA Cities Collaborative. Baker Tilly will outline several related options for effective governance in the Regional Homeless Alliance Action Plan section of the report.

Another example is the City of Newport Beach and the City of Costa Mesa in Orange County, California, that chose to pool their resources and were able to develop a 72-bed shelter located in Costa Mesa that is partially funded by the City of Newport Beach, in exchange for designated set-aside beds. The referrals into the shelter originate from both cities' street outreach teams and homeless liaison police officers. Both cities promote volunteerism and donor giving, while developing opportunities for specialized employment and housing in this collaboration.

Shared approaches across city boundaries like the two described above often provide the best way to collectively address the diverse needs among the homeless population. Resource points of entry, shelter and interim beds, employment, behavioral health, substance abuse treatment program beds, and permanent supportive and/or affordable housing units are what comprise a robust system of care. Geographic access points are necessary, with transit and access to community amenities nearby. Some large urban cities may be able to develop these systems on their own, but especially in smaller cities, it is best to align efforts within a geographically contiguous area that can function as a smaller ecosystem within the broader CoC system, which is centered around the CoC lead agency (i.e., the County).

The RHA can adopt a similar model of cost-sharing and resource-production approaches.

Gap Analysis

In the development of a Regional Homeless Action Plan, it is vital to understand the existing conditions for the region, including an inventory of existing resource types along with a map showing service

locations, how the system is funded by each city and regionally, and how each of the cities is responding to the unmet needs of their homeless populations over time.

Baker Tilly visited each of the cities and reviewed the following information to develop the resource inventory for each city and the County which includes areas where the homeless may gather; encampments; Point-in-Time Counts; Homeless Management Information System (HMIS) data; access barriers for homeless persons; performance and capacity issues with resource entities including providers of outreach services, behavioral health/medical, sheltering, housing, and employment, as well as law enforcement. We then determined the gaps that exist within the RHA region and identified opportunities and options for cities to collaborate within the regional structure that would demonstrate fiscal and programmatic (leveraging) benefits for the collective effort.

Staffing



Below, we outline the staff and roles currently involved in homelessness outreach and response by city. Later in the report, we have recommendations around assessing and hiring additional staff, contracting with service providers, and/or leveraging County and other partnerships to ensure alignment of approach to outreach and service delivery (see Recommendations section).

Lake Elsinore

The leadership in Lake Elsinore is well versed on the challenges of homelessness, with the city manager and assistant city manager working with their mayor and council. They have an active Homelessness Task Force. The community support manager is the point person on homelessness for the City, along with an experienced code enforcement officer. The City contracts with SWAG for street outreach support and they also operate The Anchor, a 16-bed interim shelter created with a Homekey grant. Code enforcement serves an important function because a lot of the homeless issues are occurring on private property that is vacant and in heavily wooded areas around the Lake Elsinore lakebed, according to staff. The Sheriff's team also plays a role in outreach.

Meniffee

Meniffee deploys their Police Department officers on a team referred to as the Problem Oriented Policing (POP) unit. The incidence of homelessness in the city is primarily visible in one main area, the Cherry Hills Plaza shopping center in the Sun City region, which coincides with a bus stop of the RTA routes. The County HHOPE team is collocated within the Meniffee Police Department headquarters and the City's tandem response with HHOPE during outreach is effective at addressing resource linkages for those seeking homeless assistance.

Murrieta

Murrieta employs one director and one employee in the Parks and Recreation Department who have a responsibility to coordinate their City's homeless efforts, in conjunction with their contracted nonprofit agency (City Net) and Police Department officers. The Murrieta team is familiar with its homeless population, referring to individuals by name as they make contact over time during street outreach efforts. The staff report that street outreach, sheltering, and case management are seamlessly integrated.

Temecula

Temecula has one manager and three employees in the Community Services Department who conduct street outreach in conjunction with SWAG and sheriff deputies. The Temecula team has developed a familiarity with the homeless population on the streets. They conducted their fourth annual City Count in June 2023 to put together a by-name list, and they have been working to connect people to resources. The City also contracts with SWAG on street outreach, and is allocated six set-aside beds at The Ranch.

Wildomar

Wildomar deploys code enforcement officers to address private property issues and sheriff deputies to address encampments. In February 2024, the City secured an agreement with Murrieta to share the

utilization of City Net for their street outreach and case management services. Additionally, Wildomar entered into an agreement with Project Touch to reserve up to four emergency shelter beds for Wildomar residents. The City understands that having access to a nonprofit service provider assists the other City departments that may be less familiar with the homeless services and resources system of care.

Outreach



The RHA's existing homeless response framework revolves around outreach to mitigate areas of congregation and encampment abatement, with heavy involvement by law and/or code enforcement staff depending on each city's available resources. Several cities collaborate with nonprofit and County outreach teams to improve outreach efforts and service delivery through the provision of mental health resources, sheltering, and linkages to other critically needed programs.

While law enforcement and code enforcement have integral roles within the response network for the RHA, specifically in response to homelessness issues on private properties, the cities should evaluate whether they have sufficient city staff to manage, coordinate, and oversee the homelessness response within and/or across the RHA. Currently, the Cities of Lake Elsinore, Murrieta, and Temecula have identified key staff members within their respective community services departments who coordinate the citywide response to homelessness, including managing contracts with funded nonprofit street outreach providers and overseeing contracts for direct access to interim shelter beds. In Menifee, the City funds two BHS HHOPE staff who work on homelessness-related matters, including street outreach. However, recently, there has been no dedicated representative who regularly participates in RHA meetings. In Wildomar, there are no dedicated staff besides code enforcement officers involved in street outreach or the homelessness response for the City. As mentioned previously, in February 2024 Wildomar signed an MOU with Murrieta for shared street outreach services performed by City Net.

It is important to have direct access to available and appropriate resources to meet the needs of those experiencing homelessness in the region. Law enforcement and code enforcement representatives play a role in the response network, but they generally are not resource brokers, hence the importance of working with a nonprofit organization that is connected to the broader County CoC system resources.

Baker Tilly found that the street outreach efforts are typically scheduled on certain days and times when city staff, outreach providers, and law/code enforcement can be deployed to mitigate encampments and areas of congregation. It is perceived that one city's efforts may cause impacts in other surrounding areas. One of the main benefits of operating within a regional approach is that these scheduled efforts are coordinated across borders, to ensure homeless individuals are referred and transported to resource linkages rather than merely dispersed, only to return to a nearby area. This redundancy of effort was described by law enforcement as ineffective.

Point-in-Time Counts



According to the County of Riverside Point-in-Time (PIT) Count results, there has been a moderate increase in homelessness within the RHA region between 2022 (356) and 2023 (383). The unsheltered figure rose from 110 to 181 while the sheltered count showed a reduction from 246 in 2022 to 202 in 2023. There is consensus among the five cities that homelessness is an emerging issue that must be proactively addressed. The media coverage regarding homelessness conditions in larger urban centers, namely Los

Angeles and San Diego, has provided a cautionary motivation to remain proactive and develop a strategy that is scalable to the current needs of each city within the RHA region. While the PIT numbers may seem manageable, there is a collective understanding that the resources to effectively address homelessness are underdeveloped in Southwest Riverside County.

When reviewing the 2022 and 2023 PIT Count data in each city, it shows the number of sheltered individuals has gone down, while that of the unsheltered has increased. Table 1 shows the results of the Point-in-Time Count for 2022 and 2023.

Table 1. Homeless Point-in-Time Count by Jurisdiction, January 2022 and January 2023

Jurisdiction	Population ¹	2022 ²			2023 ²		
		Unsheltered	Sheltered	Total Homeless Population	Unsheltered	Sheltered	Total Homeless Population
Lake Elsinore	70,265	35	40	75	78	32	110
Menifee	103,227	28	4	32	25	0	25
Murrieta	110,949	12	149	161	33	132	165
Temecula	110,003	28	39	67	35	38	73
Wildomar	36,875	7	14	21	10	36	46
TOTAL RHA	431,319	110	246	356	181	238	419

Sources:

¹ U.S. Census data based on 2020 Decennial Census

² Housing and Workforce Solutions, Homeless Point-in-Time Count and Survey, 2022 and 2023

However, using the PIT Counts as an example, it should be noted that the CoC collects data differently from how the individual RHA Cities do it. In January 2023, the County CoC PIT Count noted 35 unsheltered in Temecula. By comparison, in June of 2023, the City of Temecula surveyed the population in their city and developed a by-name listing of 69 unsheltered persons. To better manage any differences in data collection methodology and to ensure a more streamlined approach, each city should actively participate in the County CoC PIT Count process, and also create a by-name list annually. These data points represent different things: the PIT Count is a snapshot of the number of sheltered and unsheltered individuals, while the by-name list provides more depth regarding each individual’s status, conditions, and service eligibility. Using the by-name list can help improve coordination of the process of connecting individuals to available resources. Both the by-name list and the PIT Counts provide an opportunity to establish baselines and target limited resources to the specific needs in each community and across the RHA.

City Funding and Resources



Each city has invested staff time and deployed resources in differing ways to respond to the current challenges of homelessness while the Countywide response in the area remains intermittent. For additional background, Table 2 shows each of the five RHA cities’ size, median income, general fund budget for FY 2023-24, and the projects/initiatives and/or amounts of homelessness-related funding for each, where available. Information in the “City Investments in Homelessness” column does not take into account staff salaries, staff time, or other untracked costs.

Table 2. Regional Homeless Alliance (RHA) Cities

City	Square Miles ¹	Median Income	General Fund Budget FY 2023-24	City Investments in Homelessness ²
Lake Elsinore	43.5	\$91,479	\$68,487,600	<ul style="list-style-type: none"> Project Homekey award of \$3.1 million to purchase, improve, and operate The Anchor County provides the City with funding for street outreach through SWAG \$350,000 grant from Molina Healthcare for mobile healthcare, mental health, medical and counseling to better address the needs of the homeless population in the city (this funding has ended) City reportedly spends \$2.8 million annually on encampment clean-ups, with \$400,000 to \$600,000 dedicated to clearing out the lakebed <ul style="list-style-type: none"> \$3.1 million Project Homekey funding for The Anchor emergency shelter
Menifee	46.48	\$86,206	\$71,995,477	<ul style="list-style-type: none"> County collocated CBAT and HHOPE teams
Murrieta	33.65	\$106,709	\$69,124,778	<ul style="list-style-type: none"> 16-bed contract with Project Touch County HHIP funding for street outreach – City Net Opiate settlement funds used for Care Solace for mental health navigation Case management services at emergency shelter paid through General Fund \$75,000 contract with County Flood Control District for channel cleanup³ City commits \$50,000 per year through General Fund for encampment cleanup
Temecula	37.27	\$111,881	\$96,041,823	<ul style="list-style-type: none"> SWAG for street outreach, 6 set-aside beds at The Ranch, City-operated Resource Center Homeless Prevention and Diversion Program ARPA for encampment abatement \$75,000 contract with County Flood Control District for channel cleanup³
Wildomar	23.70	\$89,912	\$33,721,800	<ul style="list-style-type: none"> Funding street outreach from City Net paid to Murrieta per MOU

Sources:

¹ Based on 2020 data taken from the U.S. Census Bureau.

² Does not include dollars embedded within departmental operations or other hard-to-quantify costs, like staff time.

³ This contract is paid out on a reimbursement basis, such that the City receives reimbursements for the cost of expediting and conducting cleanups on County property as a service to the County.

Resources and Gaps within the Regional Homeless Alliance



In this section, we outline the existing resources utilized by the member cities of the RHA, or identified as a potential resource, as well as what we have identified to be missing components of an effective regional response to homelessness.

Table 3 is a summary of the resource inventory conducted by Baker Tilly. As shown below, the existing resources have been categorized according to the following: healthcare/medical, housing, mental health, interim shelter, street outreach, substance abuse, and supportive services. The most evident gap across all five RHA member cities is the lack of housing resources. With the exception of Murrieta, which partners with The Salvation Army to provide clients with motel vouchers, none of the cities currently has access to the types of critically needed housing support services.

Additionally, the table shows 287 total interim beds (including 6 beds from The Ranch) across the region, but as explained below, these interim beds are not generally available for same-day intakes and the beds fluctuate between use for families with children or single individuals, depending on need. Many of these beds are not tracked via HMIS and therefore disconnected from the broader system of care for housing placement priority via CES. Other gaps include a lack of mental health crisis response, and residential care similar to the gaps in substance abuse-related services – such as treatment, detox, or recovery centers, as well as a lack of supportive services like food pantries, transportation vouchers/assistance, and employment, etc.

Table 3. RHA’s Existing Resources

Resource	Lake Elsinore	Menifee	Murrieta	Temecula	Wildomar
Healthcare/Medical	Molina Health Care RUHS – Lake Elsinore Family Health Center	Menifee Global Medical Center (includes detox center) Riverside University Health System	Loma Linda University Medical Center Ranch Springs Medical Center Rady Children’s Hospital	Riverside University Health System (RUHS) Temecula Valley Hospital	Inland Valley Medical Center
Housing/Subsidy	4 out of 5 housed in 2023 using the County CES		Motel/hotel stays, as needed		
Mental Health	CBAT RUHS - Lake Elsinore Children’s Mental Health Clinic	CBAT RUHS – Mobile crisis management team	CBAT Care Solace	CBAT RUHS – Mobile crisis management team	Mid-County Region Behavioral Health Services
Interim Shelter	The Anchor operated by SWAG (16 beds)	Project Touch (12 beds) Path of Life Shelter	Project Touch (166 beds)	The Ranch (Perris), operated by SWAG (6 beds) Project Touch (42 beds)	Project Touch (38 beds)
Street Outreach	SWAG	HHOPE	City Net	SWAG	City Net

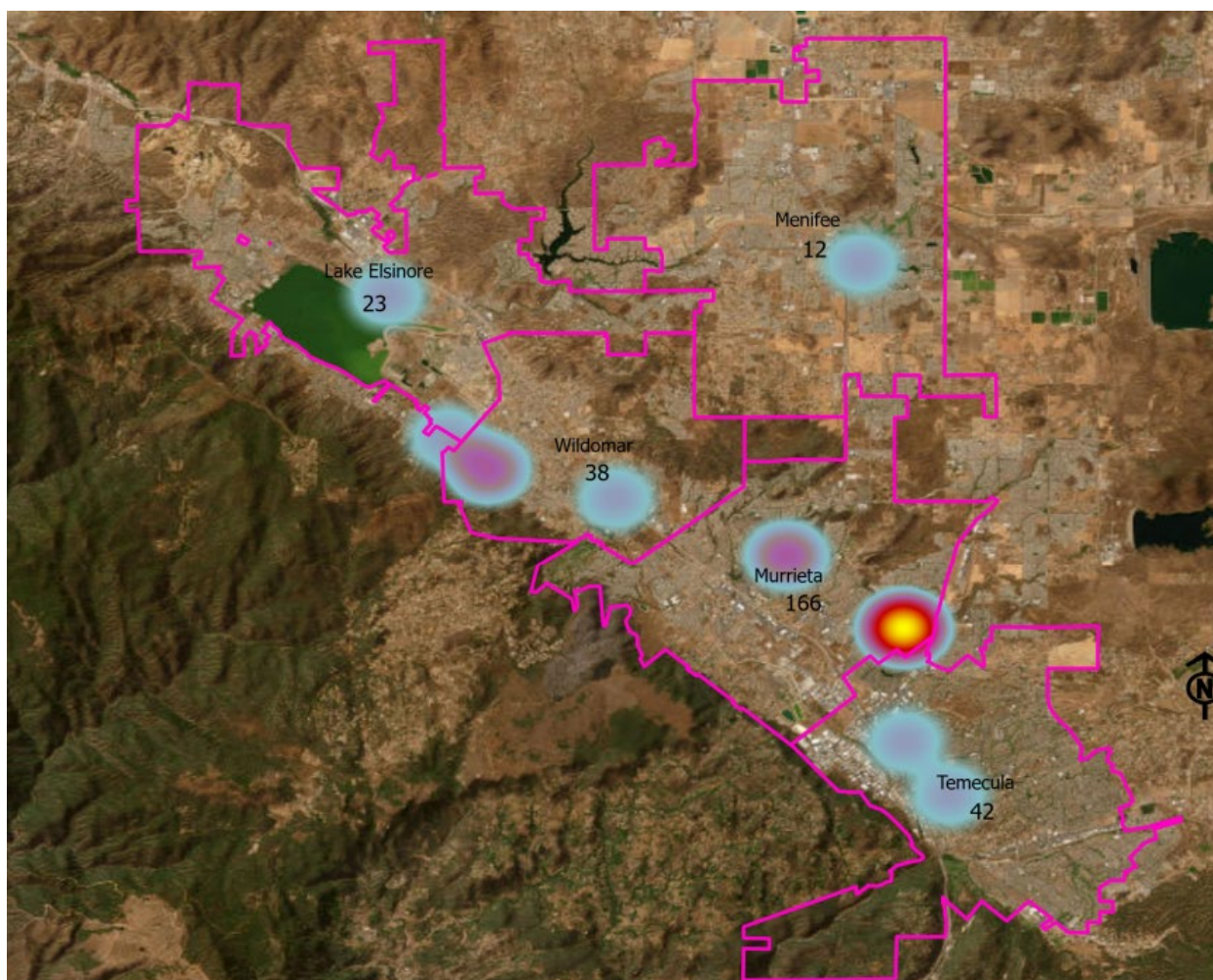
Resource	Lake Elsinore	Menifee	Murrieta	Temecula	Wildomar
Substance Abuse Treatment/ Detox/ Recovery	Salvation Army Alcohol Treatment Center (ATC) RUHS – Mission Trail Wellness and Recovery Clinic (Friday only)	Menifee Global Medical Center (detox center)		Temecula Substance Use Clinic Hill Alcohol and Drug Treatment Rancho Community Church-addiction recovery	
Supportive Services	Community Mission of Hope Food Pantry Lake Elsinore Dream Center pantry City provided bus passes		The Salvation Army St. Martha's Food Pantry United Methodist Church food pantry	Community Mission of Hope food pantry City-provided bus tickets	Community Mission of Hope Food Pantry

The companion heat map in Figure 2 shows the distribution and concentrations of current and/or existing interim shelter beds by city, as provided by Project Touch and The Anchor. It should be noted that the County CoC maintains a Housing Inventory Chart (HIC), as required by HUD, that lists every shelter bed, for emergency and transitional housing programs, in addition to rapid rehousing rental subsidies and permanent housing resources designated for homeless populations. The County CoC HIC shows Project Touch with 193 beds in the RHA region [111 in Murrieta, 38 in Temecula, 36 in Wildomar, 8 in Lake Elsinore (these beds are not currently allocated to Lake Elsinore), and 0 in Menifee]. The heat map below depicts 265 Project Touch beds based on a listing directly from the provider, and 16 beds for The Anchor in Lake Elsinore for a total of 281 beds. This is because Project Touch is not required to use HMIS, and therefore not all of its beds are shown in the County system.

The County CoC is required to maintain high HMIS participation among its service providers, as having accurate data allows the County CoC planning body to address any resource gaps and specialized needs for subpopulations of youth, seniors, and veterans, for example. It would be ideal to align the sheltered PIT Count process with that of the County CoC HIC. This can only be achieved if all the beds used by homeless clients in the RHA region are entered and represented in the HMIS database. HMIS has the functionality to track shelter occupancy and length of stay performance metrics, which in turn would be beneficial data for the RHA street outreach teams to access.

The following heatmap (Figure 2) is only a static representation of the current total interim shelter beds provided by two nonprofits in the region. However, the number of beds is insufficient to meet the growing need, and most of these interim shelter beds are unavailable due to lengthy stays.

Figure 2. Interim Shelter Beds across the Regional Homeless Alliance (RHA) Region, As of March 2024



Source: Map created by Baker Tilly based on data received from Project Touch and The Anchor. Lighter colors (i.e., blue) signify lower concentrations of shelter beds, while deeper and brighter colors (i.e., purple, red, and yellow) signify higher concentrations.

Note: The six beds provided by The Ranch, operated by SWAG, are not shown on this heat map because The Ranch is not located in one of the five RHA cities.

The most apparent needs for the region are additional emergency shelter, interim housing, and behavioral health treatment options. The 281 identified beds are only available to individuals who have contacted city and/or county staff or a service provider (i.e. SWAG, City Net, or the County’s HHOPE and CBAT teams). Those who seek emergency or other types of interim housing are not able to access these beds and the resources associated with them. Moreover, only 20 of the 281 beds (or 7%) are eligible for use by all populations, while the remainder have access restrictions pertaining to population eligibility.

Funding



The State of California has implemented several new funding sources in its response to homelessness. These funds are generally distributed to the 13 largest cities, each of the 58 counties, and each Continuum of Care jurisdiction. The Homeless Housing Assistance and Prevention Grant Program (HHAP) funding allocations in the County of Riverside and the County CoC have accounted for approximately \$9.7 million annually for five rounds.

More important, it should be noted that HHAP and numerous other state and federal funds are coordinated through the CoC as the primary planning body, which has placed emphasis on regionalized

implementation strategies for funding awards but may not be available to the five cities of the RHA, individually or together, unless they participate as part of the County and its CoC system.

In 2017, California enacted Senate Bill 2 (SB2), also known as the Building Homes and Jobs Act, through new legislative action. Made effective in 2018, SB2 granted entitlement cities direct allocations of funding from the Permanent Local Housing Allocation Program (PLHA). These funds were designated for establishing a localized response framework to address homelessness. Unfortunately, the allocated amounts have fluctuated and are not sufficient for creating a comprehensive resource system or covering costs of developing housing. However, this measure did serve as a direct funding source for entitlement cities, allowing them to contribute to and invest in regionally based solutions for shelter operations and interim housing units, to meet the Ninth Circuit Court of Appeals' threshold of responsibility in addressing homelessness. The State allows recipient cities to allocate its PLHA to shared initiatives located in neighboring jurisdictions. PLHA may only be relevant to the two entitlement cities in the RHA, namely, Menifee and Temecula, unless the County shares its allocation with non-entitlement cities.

Similarly, as noted previously, Community Development Block Grant (CDBG) funds are available to entitlement cities, and Menifee and Temecula currently receive CDBG entitlement funds, which are generally for community and economic revitalization, with a 15% public service cap on programs that can address poverty and homelessness specifically. The remaining cities within the RHA do not directly receive ESG or HOME funding; however, smaller non-entitlement cities can apply for these funds via the California Balance of State competitive processes. Table 4 below shows the entitlement funding for the RHA within the County.

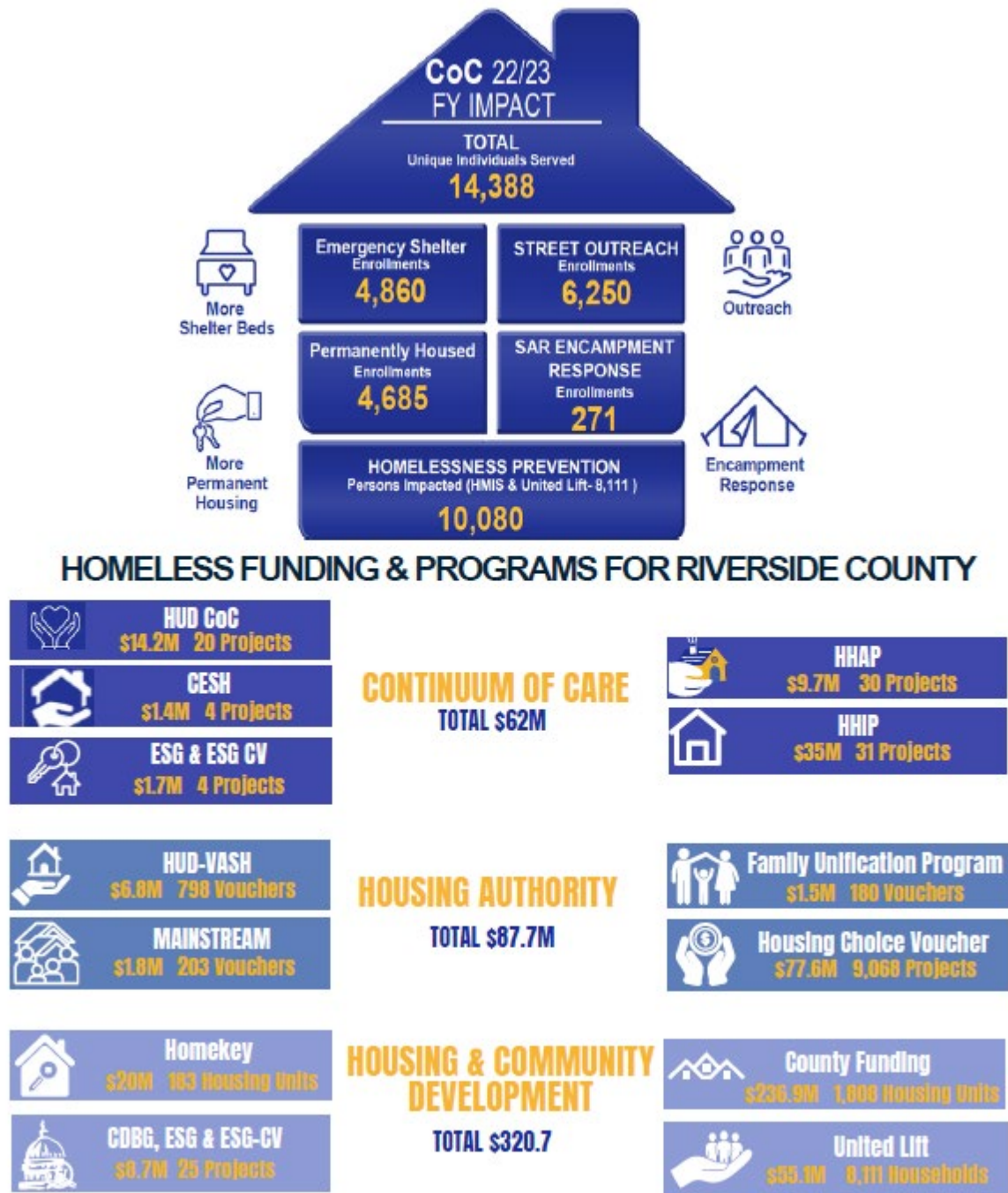
Table 4. 2023 Regional Homeless Alliance Entitlement Funds

Entity	CDBG	HOME	ESG
Balance of State/CA	\$31,050,303	\$48,140,496	\$12,412,939
County of Riverside	\$7,544,348	\$2,516,634	\$618,683
Menifee	\$527,847	N/A	N/A
Temecula	\$594,271	N/A	N/A

Source: U.S. Department of Housing and Urban Development.

Since June 2020, Homekey funding has allowed for the expedited conversion of primarily commercial buildings or motels into residential housing for homeless populations. However, it should be noted that this source of funding may be phasing out. Lastly, the Encampment Resolution Funding Program has served as a significant funding source for many regions, and the State appears to be awarding multi-million dollar grants only to counties, large cities, or regional collaboratives of multiple cities working with county CoCs. Riverside County has been successful in securing awards in all these opportunities, with encampment grants serving a collection of cities that proposed a regional and multidisciplinary implementation strategy. Figure 3 shows the funding awarded through the County CoC for homeless funding and programs Countywide.

Figure 3. County of Riverside Funding Impact for Fiscal Year 2022-23



Source: 2023 Riverside County Continuum of Care Homeless Point-in-Time Count Summary.

In June 2020, the State’s Department of Health Care Services (DHCS) launched the CalAIM Initiative as part of the Medi-Cal waiver program to provide supportive services to Medi-Cal recipients who are at risk of or experiencing homelessness, or who have medical or mental health needs.

Many homeless services providers are now transitioning to CalAIM funding for the delivery of support services, specifically for street outreach, housing navigation and retention services, mental health crisis intervention, and disability services. The RHA can benefit from significant funding and resources should it choose to participate in this new State initiative.

Summary of Gap Analysis



As outlined above and based on the information provided by each City and the County of Riverside, we have identified the following as the primary gaps or missing components in a well-functioning regional system:

- Lack of accessible sheltering options
- County behavioral health field crisis response not at capacity
- Insufficient supply of crisis/treatment and recovery residential beds
 - Little or unreliable access to mental health services
 - Insufficient addiction treatment resources
- Lack of engagement with the County CoC and access to the HMIS client database
- Lack of uniform/shared data collection method for street outreach, service connections and outcomes tracking
- Lack of data standardization between the five RHA cities and lack of integration with the County
- Lack of employment readiness and placement resources
- Limited pursuit of County (State and Federal pass-through) grant opportunities, particularly as a collaborative

CalAIM (California Advancing and Innovating Medi-Cal) is a comprehensive, multiyear plan aimed at transforming California’s Medi-Cal program. The goal of CalAIM is to enhance outcomes for the millions of Californians covered by Medi-Cal, particularly those with complex needs. The following are the primary aims of CalAIM:

1. **Broad Reach:** CalAIM intends to benefit all Medi-Cal enrollees by focusing on population health, prevention, and overall wellness.
2. **Complex Needs:** Specific reforms target individuals with the most complex needs, including:
 - People with significant behavioral health needs (such as mental illness or substance use disorder).
 - Seniors and people with disabilities.
 - Homeless individuals with complex physical or behavioral health needs.
 - Individuals transitioning from prison back to the community with complex health needs.
 - Children with complex medical conditions and youth in foster care.
3. **New Programs:** CalAIM introduces several new Medi-Cal programs to improve care for populations with complex health needs. One of these programs is:
 - **Enhanced Care Management (ECM):** This benefit provides a high-touch care coordinator for Medi-Cal managed care enrollees with multiple complex needs. The goal is to ensure better coordination across providers and services, especially for those requiring care from multiple delivery systems.
 - **Community Supports (CS)**
 - **Housing and Homelessness Incentive Program (HHIP)**

- Insufficient affordable housing in the region for specific populations (i.e., below 30% of AMI for seniors, veterans, and homeless populations)

In addition to these regional service gaps, Baker Tilly identified the following as lacking across the member Cities of the RHA:

- A lack of consistent collaboration between the member cities;
- A lack of clarity in the mission, vision, and approach of the RHA among members, along with an associated lack of clearly defined leadership structure within the RHA;
- A potential lack of sufficient staffing for this function; and
- An absence of critical services to meet the diverse and changing needs of the region's homeless population (as demonstrated in the list of gaps above).

Recommendations

Based on the gaps identified above, Baker Tilly has grouped our recommendations into the following categories:

- Funding
- Prevention
- Encampment Response (Protocols and Role of Law Enforcement)
- Access Points and Outreach
- Medical and Behavioral Health
- Sheltering
- Collaboration with the County's Continuum of Care and Use of Service Providers
- Data Collection and Sharing
- Affordable Housing
- Regional Homeless Alliance (RHA) Governance

We will discuss each of these topics below and provide recommendations for the region in each area of focus.

Funding

As outlined in the Gap Analysis section above, since 2018, the State of California has provided several funding opportunities designed to respond to homelessness, which are coordinated locally via the CoC jurisdictions, with the CoC acting as the planning body for these grants. During the COVID pandemic, HUD provided additional allocations for entitlement jurisdictions, including the counties, to augment efforts to address homelessness. The RHA should identify a few key representatives from the five cities with the appropriate skillsets and experiences to participate in the CoC Board meetings, planning subcommittees, and other convenings to gain improved access to resources and funding opportunities. These RHA-designated staff could systematically research and mobilize the RHA to submit proposals for eligible funding (see Figure 3 for the County CoC FY 2022-23 funding impacts), including ensuring the Cities/RHA are on the relevant notice of funding availability (NOFA) lists, they receive updates to eligibility requirements for various funds they are interested in seeking, and they are tracking funding requirements (such as whether matching funds will be required as a condition of grant acceptance). The RHA will also need to allocate resources to staff this team, including hiring additional staff or seeking consultant assistance, as appropriate.

To date, there have been several successful collaborations between the Cities and the County. For example, Lake Elsinore received a Homekey grant from the State, with grant assistance from the County,

to secure and renovate The Anchor program, which provides 16 beds of interim housing for the population. Murrieta secured an Emergency Solutions Grant (ESG-CV) and CalAIM HHIP street outreach funding to support their homelessness response efforts.

Additionally, the County has offered to assist the RHA in applying for the State Encampment Resolution Funding Program to mitigate the lake, creeks and waterways that pose ongoing encampment challenges for each of the RHA cities. This is an excellent funding opportunity that could serve as the nexus for collaboration across the five cities' borders and integration with County behavioral health and other needed resources for the area. These will be further described in the relevant sections below, but the RHA should build on existing funding opportunities with the County and use them to leverage securing additional County, State, and Federal funding opportunities to improve the regional response to homelessness.

Recommendation 1. Designate representatives to research and apply for all relevant County, CoC, State, and Federal grant funds that are in alignment with the Regional Homeless Alliance's strategy to achieve functional zero homelessness in the region.

Prevention

According to several staff Baker Tilly interviewed and spoke with, a growing at-risk population is families with school children, particularly in single-parent households. Per the McKinney-Vento Homeless Assistance Act (McKinney-Vento), as described earlier in the report, providing critical support services is an obligation for the school districts. The RHA member cities and staff, as well as relevant service providers, should prioritize work with the local school districts' McKinney-Vento liaisons to ensure families are connected to available resources. Strengthening the safety net for at-risk families that are identified through the school district as housing and food insecure and targeting appropriate resources for them will prevent homelessness in the RHA.

There are numerous schools districts within and surrounding the RHA region with students and families in need of homeless prevention and homelessness-related services and a safety net. Creating a strong safety net to prevent homelessness and support students and their families across the region who are housing insecure and at risk of chronic homelessness will help disrupt the generational cycle of homelessness. Because the school districts lack resources to meet these identified needs, there is a great opportunity for the RHA cities to work with the school districts to advocate for more funding and resources to meet the needs of families with children who are on the cusp of homelessness. Prevention funding and resources could be targeted to this population, which has already been identified as a gap by the McKinney-Vento liaisons at each school district in the RHA region.

Recommendation 2. Develop a strategy to identify and partner with the region's school districts most impacted by homelessness and at-risk homelessness to create a safety net that prevents families and children from becoming unhoused.

Encampment Response

Formalize Standard Encampment Protocols

Each of the five cities has developed individual street outreach responses to contact those experiencing homelessness. Temecula was the one city that provided a formalized encampment protocol as part of the document review process. Establishing formal encampment protocols is imperative to protect the cities from litigation, ensure those experiencing homelessness are provided an appropriate alternative to the streets, and that any foreseen barriers can be mitigated for those being displaced from an encampment on public land, or from private land with authorization from private landowners (via the "602 letters"). The primary requirements include a posted 24- to 72-hour prior notification at the location, and street outreach contacts to the inhabitants prior to the scheduled land maintenance work to assist with connecting them to resources. On the day of the land maintenance, law enforcement typically will accompany the street outreach teams to ensure all encampment inhabitants leave voluntarily with their personal belongings.

Addressing the care and treatment of the person(s), pets, and property that are on site at the time of ensuing land maintenance activity is of critical importance, which is why a formalized encampment response protocol is advised. Legally, personal property must be labeled and stored for up to 90 days, with notification regarding how the known owner may retrieve stored belongings. The jurisdictions' street outreach teams are advised to provide transportation, storage, animal care services, and same-day shelter placement or motel vouchers in the absence of available alternatives to the street encampment location.

Per *Martin v. Boise*, an available and appropriate resource referral shall be provided to all individuals being displaced from a homeless encampment. The general sense is that in most jurisdictions, there simply are not enough beds to clear encampments regularly. Within the RHA, there is a perception that these displacements may increase repeat contacts with the same individuals in different areas of the region over time, with limited impact on housing placements and successful outcomes. Conversely, homeless persons who are frequently displaced from encampments may lack trust in accepting resources for ending their homelessness. This is precisely why it is so important to lead every contact with resources and start the dialogue via qualified and specialized street outreach service providers, and to engage homeless individuals over time to leave the streets and enter treatment programs, seek shelter and housing, and in the best cases reunite with a family support network.

While there is a role for law and code enforcement in the encampment response, the RHA's greatest challenge is connecting homeless individuals to available and appropriate resources during encampment encounters. Partially, this is due to capacity limits among the County's behavioral health workforce, which has been compromised by vacancies in key field response positions that typically provide the resource linkages during outreach. Currently, there simply aren't enough appropriate and available resources in the RHA region to effectively address encampments.

Coordinate Outreach and Establish By-Name Lists

In moving toward a joint and collaborative street outreach and engagement approach for the RHA region, the five cities in coordination with the County will need to establish a nonprofit presence for street outreach encompassing the five-city region to link those experiencing homelessness with the appropriate resources. The Cities will need to align on the transition from an enforcement approach in street outreach to one focused on building trusting relationships and improving service linkage provision. Receptivity to resource linkages and service provision is higher when delivered by nonprofit partners, compared to an enforcement encounter. To date, four cities have already invested in nonprofit street outreach providers. The cities will need to work together to ensure their contracted service providers are also aligned on one regionally integrated approach that addresses the individuals who move around the RHA region.

Integral to the objective of aligning efforts is the establishment of a region-wide by-name list of all individuals contacted during street outreach and engagement actions. During the field visits, each city reported that they have made repeated contact with several individuals, while also encountering many new contacts reportedly from outside the geographic area of Southwest Riverside County. Consolidating the list of known homeless individuals contacted by street outreach teams in the RHA provides an area of focus to ensure that the limited resources are targeted to meet the needs of those experiencing homelessness within the jurisdiction over time. In contrast, allocating resources without the use of a by-name list can reduce tangible and visible outcomes for the community.

Having standard protocols and guidelines will help streamline the encampment response regionally as well as help the RHA to pursue County and other resources, including grant funding. To this end, the County is facilitating the State's Encampment Resolution Funding (ERF) Program, which is a \$750 million competitive grant program meant to "assist local jurisdictions in ensuring the wellness and safety of people experiencing homelessness in encampments by providing services and supports that address their immediate physical and mental wellness and result in meaningful paths to safe and stable housing." The application for this grant must demonstrate a regional approach to get a grant award. Having the by-name list would help the RHA get an accurate number of individuals to be served in the grant application.

Pursue County CoC Encampment Resolution Funding

The County CoC is one of only a few CoCs in the state to have been awarded two regional implementations for the Encampment Resolution Funding (ERF). This program provides a remarkable opportunity to align the efforts of the four cities along the Murrieta Creek Trail, which runs through all the RHA cities except Menifee, with funding eligible for expanding street outreach teams; creating multidisciplinary responses that include County behavioral health, HHOPE and street medicine teams; and increasing the number of emergency and interim shelters and set-aside behavioral health beds. Moreover, this funding could enable the RHA to acquire and/or build a regional navigation center or housing units to meet the needs of individuals displaced by encampment actions. The ERF Program is a three-year grant that would improve coordination among the RHA cities and promote integration of County resources within the Southwest Riverside County RHA region in a way that would be unprecedented.

To best position itself to secure ERF Program funds, the RHA cities will need to determine how they will work together, identify which shared regions to apply the grant funds to, capture and report accurate regional data on their homeless population, and even decide which cities will participate as part of the grant.

Recommendation 3. Establish a regional “by-name” list that is representative of the homeless population in each city and deduplicated for the Regional Homeless Alliance region, and that can be utilized to target limited resources for the identified group of individuals experiencing homelessness over time in the Regional Homeless Alliance.

In coordination with Recommendations 5, 20, and 21.

Recommendation 4. Formalize encampment response protocol, using Temecula’s as an example, and develop a portfolio of resources across the Regional Homeless Alliance to ensure consistency and coordination of efforts when providing linkages to resources during encampment clearings.

These protocols and resources should reflect an approach centered on trust-building, service delivery, and alleviation of human suffering over redundant enforcement efforts and displacements.

Recommendation 5. Create regionally coordinated outreach teams that work across city borders to meet the needs of the street populations.

Homeless Housing Assistance and Prevention Grant Program (HHAP) or Housing and Homelessness Incentive Program (HHIP) grants can fund regionalized street outreach providers to develop the “by-name” list for the RHA and work with the individuals on the list to successfully engage in resource connections. In coordination with Recommendations 3, 9, and 18.

Recommendation 6. Work with the County CoC to apply for a State Encampment Resolution Funding (ERF) Program grant as the Regional Homeless Alliance collaborative.

Access Points and Outreach

Access points are an important part of any system response because they are locations where homeless individuals know they can receive basic services and safety net assistance. Without designated resource access points, those experiencing homelessness will often only have one another to rely on. Resource or navigation centers, office locations of service providers, and community service locations are important components of the system of care, where a person experiencing homelessness can go to access help connecting to the resources they need. Temecula opened a Community Resource Center (previously

known as the “Help Center”) in 2014 in an effort to engage the homeless population in resource linkages. This example of in-reach is the only one in the RHA area. Other de facto points of entry include public libraries, city halls, shopping centers, business corridors, and transit hubs, all locations where homeless individuals connect with each other and/or where street outreach teams know to find those experiencing homelessness. Navigation centers that are connected to or affiliated with a food pantry and sheltering resources are examples of the most successful in-reach for connecting those experiencing homelessness with other critical resources. Street outreach staff can monitor the street locations and provide linkages from the streets and the access points for greater results over time in reducing homelessness for the RHA region.

Additionally, a lack of hospital discharge planning was identified as a key challenge in the RHA region. Street outreach teams should work with the staff of each medical center to coordinate discharge plans, as this will be imperative to reduce patients cycling in and out of emergency rooms. Specifically, it is advisable to engage the Inland Valley Hospital and Menifee Global Medical Center in the coordination of discharge protocols; this includes the County CoC HHOPE teams working with the RHA cities to provide residential placements and needed support services for patients experiencing homelessness.

Beyond existing resource and service locations, those experiencing homelessness are often most concentrated in encampments, and around shopping centers and transit hubs, as is the case across the five RHA cities (as noted in the field visit summary section of the report). Therefore, outreach conducted at these locations is likely to result in the highest number of contacts. The RTA transfer point serves as a hub of regional connectivity for individuals experiencing homelessness across the region, and engaging with the RTA could be an effective way of leveraging local partnerships to expand outreach and perhaps even secure a partner in funding.

Recommendation 7. Identify two to three locations that can be appropriately utilized as access points and/or a resource center for those experiencing homelessness across the Regional Homeless Alliance region, and develop a plan to fund and develop at least one location. These steps precede Recommendation 8 below.

Recommendation 8. Create a subcommittee within the Regional Homeless Alliance to focus on regional street outreach coordination and integration of efforts related to encampment response, to ensure all parties are aligned on one approach. Critical to the success of implementing this recommendation will be providing the appropriate training to staff teams, adequately funding this work, and mobilizing teams with the right skillsets and ability to work well together.

Recommendation 9. Engage in new partnerships with healthcare centers as well as the Riverside Transit Agency on potential ways to improve referral linkages for those experiencing homelessness.

Medical and Behavioral Health

There has been a noticeable shift in the demographics of homelessness since the early part of 2015 as a result of a confluence of legislative policy involving criminal justice reform, reforms to the mental health system, and housing policy. Currently, many among the most visible homeless population appear impaired by substance abuse and mental health and/or physical health conditions, which are further exacerbated by being unhoused. Community members have expressed both concern about and compassion fatigue toward the increase in homelessness, due in part to their acknowledgment of the complexity of system coordination that will be required to effectively address the needs of this growing population. The resource needs of individuals who are struggling with two or three of the aforementioned health conditions will require a clinical and multidisciplinary approach to service delivery, with targeted interventions to meet the needs of every individual. Frequent street outreach contacts are an expected

component of this work; however, it is imperative that outreach teams have access to the appropriate tools to be effective when the opportunity arises, and a person engages in treatment options and seeks recovery resources. The County of Riverside, Riverside University Health System (RUHS), Telecare, Murrieta Care Solace and other tools must be well coordinated to achieve favorable results, that is, a reduction of overall homelessness to ultimately reach functional zero.

The field visits provided real-time evidence of the significant need for clinical mental health and addiction treatment resources, crisis intervention services and crisis residential and treatment options. The people experiencing homelessness are less likely to accept these types of services during an enforcement encounter with law enforcement or code enforcement. The need for increased staffing capacity in these areas from the County has been a key gap and priority for the RHA region.

On a positive note, the County is funding the development of a 120-bed behavioral health unit in nearby Mead Valley. The facility is slated to open for operation in two to three years. Development of resources for homelessness and behavioral health is often met with community opposition, fear, and concern that availability and placement of these resources within a community can lead to an increase in undesirable activities in their neighborhood. The actual experience of residents after siting these critical resources is more often favorable, because with appropriate and available resources, the health conditions of the homeless in their communities can be effectively treated, alleviated, and managed proactively within a professional setting. Once the behavioral health unit is completed, this campus will serve as an important component of and fill a significant gap in the regional system of care; indeed, it will transform the level of care in the region. It will be important for the RHA to engage with the County and its network of services to receive education and support during the early phases of these resource developments and to remain proactive to demonstrate that the deployment of resources improves client outcomes.

In the meantime, Murrieta has expressed a desire for the RHA cities to work with the County to consider funding Care Solace to provide mental health system navigation services for the five-city region. Murrieta has also received HHIP funding for street outreach services through CalAIM. Unless and until other funding sources and/or resources are secured for medical, mental, and behavioral health, the five cities should discuss ways to partner and best leverage both Care Solace and HHIP funding from CalAIM, as these will help fill a significant need in this area in the immediate term.

Recommendation 10. Work with the County of Riverside leadership to improve capacity and subcontract various components, as appropriate, to address mental and behavioral health needs within the Regional Homeless Alliance.

Recommendation 11. Secure 48 set-aside behavioral health beds located within the Regional Homeless Alliance region, in collaboration with the County of Riverside.

Recommendation 12. Advocate for County funding to expand Care Solace to provide regional mental health system navigation services for the Regional Homeless Alliance region.

Recommendation 13. Designate Regional Homeless Alliance staff to work with the County of Riverside to integrate CalAIM-funded activities and service components within the Regional Homeless Alliance region.

Sheltering

In the RHA region, the five cities rely primarily on two providers, Project Touch and SWAG, for sheltering resources. Not unique to Riverside County is that the length of stay in emergency shelters is typically more than 120 days, given the challenges of securing affordable permanent housing to exit the sheltering program. Project Touch has 265 beds within the RHA, which are primarily for families with children, with some fluctuation to serve individuals wherever feasible. SWAG provides street outreach in Temecula and uses six beds at The Ranch, located in Perris. Similarly, in Lake Elsinore, SWAG provides street outreach and operates the 16 beds at The Anchor. However, there are insufficient beds to meet the demands of

the street outreach efforts, particularly for those who are in need of treatment and likely to experience a long wait period until the approval of treatment services.

The City of Temecula has created a resource center, whereby homeless individuals can be seen by appointment or on a walk-in basis on average of three hours each day for the latter option. However, as noted above, the region lacks immediate access to shelter beds, and access to same-day resources simply does not exist in the southwestern part of Riverside County. Same-day access to available sheltering inventory is similarly challenging in other CoC jurisdictions. With longer lengths of stay in shelters and an increasingly competitive housing market across the wider region, the need for creative options is clear. One such option is to use motel vouchers, which would allow a jurisdiction to more flexibly and dynamically adjust its resource capacity to meet the needs at the moment and to mitigate unique crises that may arise, which often require immediate sheltering for an individual or family household.

Thus, a primary concern is the need for access to shelter beds for single men and women, as well as seniors. Using the available data from the Point-in-Time Count for the unsheltered population and the bed count information (which includes beds for both families and individuals), we can identify an estimated target for specialized resources by assuming a percentage of the duplicative contacts with persons who have previously declined resources, as noted on the local by-name listings available at the time of this report, who may be receptive to accepting resources in the future. In effect, we took 60% of the total unmet need as an estimate of the number of individuals who are more likely to accept the resource on any given day.

As Table 5 shows, the 2023 unsheltered count has increased from the 2022 unsheltered count by 71 individuals, marking a 64% growth in the number of unsheltered individuals across the five-city region. Among the 181 total unsheltered individuals per the 2023 PIT Count, there are an estimated 81 to 103 individuals (between 45% and 57% of the total) who are well-known to the various outreach teams and who repeatedly decline resources. Out of the 181 total unsheltered count in 2023, we took 60% of the low range (81) of the estimated 81 to 103 duplicative contacts to estimate a gap of (and need for) 48 behavioral health treatment/recovery beds for the RHA region. The 60% was arrived at after taking into consideration anecdotal information shared by the outreach teams coupled with observation during the field visits that this subpopulation is actively substance abusing and/or struggling with significant mental health issues. For the remaining 100 (out of 181) unsheltered individuals, we again took 60% of that population to estimate a need for an additional 60 sheltering beds, with an emphasis on beds designated specifically for single men, single women and seniors. In summary, based on the above analysis, Baker Tilly recommends securing 48 behavioral health beds and 60 sheltering beds across the RHA. If the RHA can collectively strive to meet at least 60% of the unsheltered need, this estimated level of resource development would provide the RHA with a foundational opportunity to begin achieving meaningful reductions in homelessness in future years. The estimates provided in this section are intended to provide a starting point for quantifying the numbers and types of beds needed to achieve a reduction in homelessness, in a concerted effort with the other recommendations contained herein.

Table 5. 2022 and 2023 PIT Counts Compared with Available Beds in the RHA

City	2022 PIT Unsheltered Count	2023 PIT Unsheltered Count	Duplicative Contacts with Resource-Declining Persons	Available Beds ¹
Lake Elsinore	35	78	20 to 25	16
Menifee	28	25	10	12
Murrieta	12	33	15 to 18	166
Temecula	28	35	30 to 40	48 ²
Wildomar	7	10	6 to 10	38
TOTALS	110	181	81 to 103	Occupancy 96% in 2023 PIT

¹ Interim bed counts are provided by Project Touch and The Anchor and include beds designated for both families and individuals.

² This count includes six beds provided by The Ranch, which is operated by SWAG, but is located outside of the RHA region.

Lack of access to same-day sheltering, partially due to longer lengths of stay in the existing sheltering system, is the most notable issue for the RHA. Sheltering and affordable housing in the area are underdeveloped, and with a diminished connectivity to the broader County CoC system. Proactively planning for the future should include a strategy for the development of a modest number of shelter beds, along with a commitment from the County to provide 48 behavioral health beds, potentially set aside as part of the proposal for the Encampment Resolution Grant Program.

Recommendation 14. Identify opportunities to fund and develop a navigation center with approximately 60 interim shelter beds.

Collaboration with the County’s Continuum of Care and Use of Service Providers

The County of Riverside Continuum of Care (County CoC) is a critical resource for promoting a regionally integrated response to homelessness. The RHA cities have not historically participated in the County CoC system; however, the entire geography of the county is covered by the County CoC, which has access to funding from the State and Federal government to support the development of the Countywide homeless response system. Funding from the State includes Homekey for conversions of specific buildings to transitional or permanent housing; the Encampment Resolution Funding Program for regional encampment response and outreach efforts; and the Homeless Housing Assistance and Prevention Grant Program (HHAP) which is flexible funding for street outreach, shelter development or other homelessness resources prioritized by the County CoC system. The Homeless Management Information System (HMIS) and Coordinated Entry System (CES) provide uniform data on population demographics, provide a standard basis for tracking performance and outcomes, and help providers prioritize homeless clients within the HMIS for available housing units countywide.

The RHA cities currently have intermittent contact with these County CoC components, and would benefit from greater integration, as the HMIS provides access to basic demographic information and service delivery history for clients served by programs within the County CoC jurisdiction. Additionally, the CES connects clients to available housing units through the regional Public Housing Authority and other County CoC-funded housing units. The RHA cities and most of the area’s service providers do not use HMIS to enter information about the homeless individuals they encounter. Each city’s outreach personnel makes contact with new individuals without the benefit of the HMIS service history record. As a result, each contact is a blank slate, with limited access to the existing regional resources.

Fundamentally, the RHA is disconnected from the homeless services delivery system in the County. There are several reasons for this. The RHA cities may not have staff time or availability to travel to downtown Riverside for CoC meetings, nor the capacity to partake in HMIS. Other barriers to full collaboration with the County include the sense that HMIS would not provide substantial benefit, and for some cities, the belief that participating in the County CoC would require them to accept referrals from countywide sources. However, in 2023, each RHA meeting has included a presentation by the County CoC lead, who provides information and education about the system, its resources, and its funding and operational components. These have been enlightening discussions for RHA member cities’ staff, regarding what is potentially available for the region, should the cities elect to join together and integrate their efforts with the broader County system of care. The RHA representatives were informed that regional collaboratives gain increased traction for resources and funding through participation in the CoC system of care. This participation will improve staff knowledge and service delivery through best practices. Partnering with the County will also result in greater support from other County departmental resources for behavioral health, housing authority vouchers and/or subsidies, and disability and family service programs.

Silos across Service Provisions

Project Touch, SWAG, City Net, the Salvation Army, and Community Mission of Hope are the primary nonprofit agencies providing shelter and services in the region. Each city maintains a connection to the

County of Riverside behavioral health and homelessness response teams (CBAT and HHOPE) for street outreach but is otherwise not well-integrated with other County resources.

The primary providers within the RHA region are doing great work but have limited capacity to participate in the broader system of care, particularly as it relates to coordination with the County. Project Touch provides a large portfolio with 265 beds; however, it is a volunteer-run organization that does not use the Countywide HMIS. For the most part, each of the providers that we interviewed is operating independently in silos from other providers and County resources.

In addition, the street outreach providers, City Net and SWAG, operate using differing philosophies. SWAG is a “treatment first” provider that focuses on the chronically homeless population, working within Temecula and Lake Elsinore. They operate The Ranch in Perris and The Anchor in Lake Elsinore. SWAG does not use HMIS for its clients, except for The Anchor, which it is required to use per its County ESG funding contract.

By comparison, City Net is a “housing first” provider that enters its street outreach clients into the Countywide HMIS system. The two street outreach providers have reported that there are few instances where they intersect to work on a shared client seeking resource support. As noted above, both street outreach providers should align on an approach and ideally enter all clients into the HMIS, targeting limited resources to the by-name listing and coordinating across city borders to achieve a seamless street outreach approach for the RHA.

To ensure smooth alignment, the RHA should seek opportunities to strengthen the capacity of service providers through targeted funding, connection to other resources provided by the County/State/Federal government, and training, which can be funded through grants and/or provided by the County or other agencies. In addition, the RHA Cities’ contract agreements with service providers should outline the process by which outreach teams must work collaboratively on the by-name list across all the RHA cities, align on methods to enter homeless clients into the County’s HMIS, and utilize CES for housing opportunities.

Recommendation 15. In service contract agreements, ensure standard contract terms to require all service providers work together wherever collaboration opportunities exist (e.g., data sharing, creating the by-name list, designing complementary service provision approaches, etc.).

Employment Resources

Another substantial resource that will become available to the RHA upon joining the CoC will be access to vocational training and employment opportunities for the homeless individuals in their region. The County’s Cash Assistance or CalWORKs program offers robust workforce development initiatives, education, training, and other related supports like childcare, transportation, and counseling. Crucially, those who are recipients of CalWORKs benefits may be eligible to participate in the County’s Housing Support Program, which helps with housing placements, utility and rental assistance, housing vouchers, moving costs, credit repair, and case management. These types of wraparound services and programs are instrumental in helping to break the cycles of homelessness and addiction – and, more important, to prevent them. They must therefore be integrated into the RHA’s approach to holistically addressing issues and the causes of homelessness.

To learn more about workforce development and numerous other services offered by the County and to receive regular updates, at least one member of the RHA must regularly attend and report back to the other RHA members and leadership on the bimonthly County street outreach meetings, CoC board meetings, as well as any other relevant County engagements. This will ensure the RHA leadership and staff receive timely and accurate information regarding resources, initiatives, funding, policies, and other relevant topics from the County. Knowing the most up-to-date information will position the RHA to make the most informed and beneficial decisions as a collaborative.

Recommendation 16. Designate at least one dedicated Regional Homeless Alliance representative to regularly participate in and report back on the County's bimonthly street outreach meetings, the CoC board meetings, and any other critical County-related meetings that can help the Regional Homeless Alliance achieve its objectives.

Recommendation 17. Collaborate with the County to coordinate directly with the County HHOPE Team, strengthen behavioral health responses within the Regional Homeless Alliance, and improve connections to the system of care, particularly focusing on housing and workforce development.

Data Sharing

Data is one of the most important components in the homeless response system. Data are important for learning about the demographics of the population, tracking service delivery for each person served, analyzing provider and service performance, and sharing outcomes with funders. Data collection practices are disparate across the RHA. Baker Tilly has reviewed the monthly data collected by each of the cities within the RHA. All the cities, except Wildomar, collect data on their outreach efforts, and the data points often reflect the priority indicators used to respond to community feedback. Lake Elsinore, Menifee, Murrieta, and Temecula compile monthly reports reflecting varying data points, which outreach teams gather during their differing street outreach response efforts. As expected, law enforcement collects different data from what service providers collect. The various data reports seem to collect information on specialized activities rather than client/population demographics and outcomes. For example, some of the data being collected currently are focused on the unduplicated and duplicated numbers of people contacted during outreach, the percentage that qualify for mental health or substance abuse resources, the number of encampments identified and cleared, the number of individuals who have declined resources, and the number of referrals compared with enrollments, among other information.

One of the most notable gaps for the RHA is the ability to capture data in a standardized way for the sake of comparison, as well as for benchmarking progress and outcomes over time. There is no uniformity or consistency among the cities in the manner in which data have been collected and tabulated.

County CoC Data

By comparison, the County CoC data are streamlined and broken down by city, and includes specific demographics, like subpopulation data that are collected as part of the County CoC PIT Counts. Furthermore, because HMIS tracks clients' service records, it can provide the County CoC with bed utilization and length of stay data. The RHA cities and service providers, for the most part, are operating apart from this system. Therefore, obtaining HMIS user licenses, attending user trainings, and becoming familiar with the system-wide data will help the RHA standardize its data collection efforts, and enable the RHA to align demographics, service history, outcomes, and performance data with the County to maximize resource utilization. As more CoC resources are aligned with the RHA and targeted to the RHA's regional by-name list through the HMIS system, the unsheltered population will have greater access to resources, and thereby reductions in unsheltered counts may be realized.

Shared Data System – HMIS and ArcGIS

The need for a shared data system was universally acknowledged by members of the RHA, particularly among city leadership, law enforcement, and the street outreach personnel. The County CoC operates the Homeless Management Information System (HMIS) database, which we highly recommend all service providers who operate shelters and conduct street outreach utilize. Participation in the CoC HMIS is a requirement for any entity that accepts CoC funding, which includes any of the State homeless grant funding awards. HMIS collects universal data elements (demographics) on all clients served within the CoC jurisdiction. If a record already exists for an individual, the provider would then simply review the existing record and add updates to it, as needed. Over time, the records serve as a historical reference on the status of referrals, program enrollments, and benefits received, etc. HMIS is also used by providers to run annual performance reports for funders, and is used by cities and the County to compile outcome reports for funders. The RHA city representatives have been encouraged by the County CoC to obtain an

HMIS user license, attend user trainings, and begin using the system and become familiar with the standardized reports the system can produce. Moreover, the Coordinated Entry System (CES), which is embedded within the HMIS software, is the priority listing of individuals awaiting housing placements within the County of Riverside. The HMIS and CES components are a central part of the countywide system of care for homelessness services, resources, and housing.

Data sharing will be critical to the success of the RHA in reaching functional zero homelessness. However, to standardize data collection, the five cities must work together to determine what types of data they will collectively compile. They must also all agree to partake in the County's HMIS, and insert language into future homeless services contracts with nonprofits and other service providers that HMIS utilizes as a necessary component for service coordination. A plan for increasing capacity to comply with this requirement will initially be needed.

The County currently has an HMIS database list comprised of 378 unique individuals and their service access history with specific programs. Stakeholders from all of the RHA cities mentioned that having access to a shared database of the individuals contacted throughout the entire region would greatly improve their effectiveness. They were hopeful that this would improve outcomes for contacted individuals as well, due to the coordinated care and system of tracking that can help identify unmet individual needs. It was clear that the cities and service providers within the RHA were neither familiar with nor connected to the County CoC system. The 378 persons on this list were awaiting enrollment into County and CoC-related programs; however, very few entries were entered by an RHA city or nonprofit entity.

As part of this engagement, Baker Tilly has encouraged all five cities and the contracted nonprofit partners to obtain an HMIS user license and learn how to use the system to effectively address homeless clients within the RHA.

It should be noted that HMIS can only be used by service providers and others for service provision, not for law or code enforcement use. Because law enforcement representatives are not permitted to access HMIS data, the best alternative is to implement ESRI ArcGIS software. This software is commonly used by municipal planning departments and has been used by many jurisdictions to complete their Point-in-Time Counts. It is compatible with a phone application that can be programmed with a short demographic survey prescribed by the local jurisdiction and used by street outreach and law enforcement partners to count monthly outreach contacts, map locations of encampments that have been identified and mitigated, and provide other information so that future contacts are more informed by the history of contacts with individuals. Implementing a geographic information tool such as ArcGIS would be particularly useful for law or code enforcement to coordinate an appropriate response across the region to not duplicate efforts.

Recommendation 18. Require that all five cities join HMIS and coordinate with the County around data collection, performance measures, and other information in a standardized format. For the by-name list, the data should include demographic and other useful information for responding to the unique needs of those residing unsheltered within the RHA over time.

Recommendation 19. Create a subcommittee within the Regional Homeless Alliance to focus on data-sharing, collection, and reporting. This subcommittee will focus on aligning data collection and sharing efforts across the RHA, and be responsible for preparing monthly, quarterly, and annual reports for the five Cities individually and collectively as the RHA.

Recommendation 20. Require usage of and data entry into the County CoC HMIS as a requirement for each nonprofit organization funded by a Regional Homeless Alliance city, in an effort to align the Regional Homeless Alliance outreach with the regional CoC housing placement priorities in CES. This will entail securing County HMIS user licenses for each service provider, and ensuring all relevant staff and stakeholders receive proper regular training to use these systems correctly and optimally.

Recommendation 21. Implement an ArcGIS system for all five Regional Homeless Alliance cities' law enforcement use.

Affordable Housing

Affordable housing development is a critical component for solving homelessness. Onerous building regulations and insufficient funding have historically been the most challenging barriers to overcome. Housing for homeless populations requires substantial subsidies to generate affordability at 30% of AMI or lower. At this juncture for the RHA, housing development is a longer-term strategy, which cities will need to focus on now in conjunction with state mandates around the housing element. Moreover, cities – ideally, regional collaboratives like the RHA – must align on a strategy to secure sufficient funds and resources for the development of affordable housing, especially given the dissolution of redevelopment agency revenues to revitalize commercial corridors compounded with the diminishing income to rent ratio making housing availability and affordability harder to secure now than ever before.

Given these conditions, there are still options for housing those experiencing homelessness in the RHA and across communities throughout the region. State Homekey grants have been a tremendously beneficial resource: this program expedited environmental and zoning approvals and provided the funding for cities to acquire, renovate, and operate an existing building converted into housing (for reference, these were typically motels with a 50- to 85-room capacity). This has been a very successful program across the state; however, it will be up to the legislature to appropriate additional funds in its next budget. Currently, there are some grant applications in the queue, but no new requests are being accepted at this time. There may be opportunities for other funding sources in the future to turn unused or underutilized buildings into affordable and permanent supportive housing.

Aside from developing housing, which is longer term and will likely require a larger investment, it will be critical that the RHA and its contracted service providers participate in the County's Coordinated Entry System (CES) so that they can enter those they make contact with during outreach into the system and therefore put them on the pathway to access countywide housing, including receiving rapid rehousing and permanent supportive housing subsidies, Housing Authority vouchers, and the Veterans Affairs Supportive Housing (VASH) program's rental and housing assistance. The County Housing Authority provides housing subsidies that are funded by the HUD CoC grant, Housing Choice Vouchers and VASH Vouchers for homeless veterans. These programs have been critical to maintaining housing access for populations at the lowest income levels, that is, below 30% of AMI. The Continuum of Care operates the Coordinated Entry System (CES) which is a regional housing prioritization process for those homeless individuals and families placed within the CES queue, which is part of the HMIS database. In 2023, the City of Lake Elsinore housed only five homeless clients in permanent housing, with four out of those five being from the CES queue.

Moreover, upon entering CES, homeless clients will be assessed using the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT), or some version of it based on specific client demographics (e.g., single adults, families with children, and youth), and the results of the needs assessment will determine the priority and types of service provision, be it mental health services, food or transportation vouchers, or sheltering/housing.

An effective housing strategy will entail both seeking large grants at the County, State, and/or Federal levels, as well as regularly identifying and filling more immediate housing needs through a multi-pronged strategy in collaboration with the County and other partners.

Recommendation 22. Seek opportunities from the County, State, and Federal governments to develop affordable housing units at the 30% of area median income level in the region. In coordination with Recommendations 1 and 2.

Recommendation 23. Identify a short-term and long-term plan for developing the five-city region's affordable housing stock to contribute to the regional housing needs for the area, particularly for special needs populations among those experiencing homelessness (e.g., veterans, seniors, and families).

RHA Governance

We will discuss the governance of the RHA in greater detail in the Action Plan and recommend the following to help ensure effective management of the Regional Homeless Alliance (RHA). The below recommendations address the authority for RHA representatives and/or permanent members to make decisions, appropriate funds where needed, and hold other staff accountable for results; selecting the best governance structure for the RHA; and working as a collaborative to develop a vision, mission, and goals (both short- and long-term) to drive the work of the RHA.

Recommendation 24. Identify and confer decision-making authority to key individuals representing each Regional Homeless Alliance member city to lead the oversight of the development and implementation of the RHA's initiatives.

Recommendation 25. Formalize a governance structure for the Regional Homeless Alliance.

Recommendation 26. Collectively align around a vision, mission, and goals for the Regional Homeless Alliance to reach functional zero homelessness in the region.

Throughout this section, our recommendations primarily revolve around regionalizing the RHA's encampment protocols in coordination with regional outreach response team(s); strengthening connectivity with the County of Southwest Riverside's Continuum of Care (CoC) system of care for critical resources related to behavioral health, California Advancing and Innovating Medi-Cal (CalAIM), and housing linkages; participating in a shared data system for tracking client resource utilization and outcomes; improving access to Federal, State, and County homelessness funding opportunities; and effectively structuring the RHA to ensure mutual success and to reach functional zero homelessness.

The major opportunities resulting from the service delivery and gap analysis are further outlined and broken down into action steps in the Regional Homeless Alliance Action Plan section below.

Regional Homelessness Alliance: Action Plan

As we hope the report has made clear, the advantages of participating in a regional collaborative are many. Identifying and leveraging the technical expertise, pooling funding, and developing a shared portfolio of diverse resources is the objective. To accomplish this objective, each partner in the regional collaborative must contribute assets and/or resources to the regional effort.

The objective of an effective regional approach to homelessness is to:



Promote regional collaboration across city borders within a targeted geographic area



Forge partnerships among city and county governments, school districts, healthcare, nonprofits, and community stakeholders to address homelessness



Create a sustainable, inclusive approach to homelessness, balancing immediate aid and long-term solutions



Standardize data collection across the RHA, and analyze to identify and address homelessness root causes



Create a formal connection between the RHA and the County CoC for increased access to data (HMIS), housing (CES), and funding



Convene leadership and decision makers quarterly to further the RHA priorities

Guiding Principles

There needs to be a concerted effort to be proactive and take incremental steps to respond more effectively to issues of homelessness in the region. The following principles will be imperative to effectuating a successful joint effort, specific to the five cities based on our data collection and work to date.

- City leadership from all five cities fully support (even advocate for) a regional system that is beneficial to all participating agencies.
- Cities must share, to best leverage resources and be mindful of not overburdening any single city in the RHA.
- The RHA must focus on and work toward collective outcomes, which will help prevent impacts to neighboring cities resulting from any one city's actions (e.g., displacement of an encampment).
- Cities formally working together toward a regional response will gain more traction in getting dedicated County resources and funding to the region.

Ultimately, the five cities of the RHA align efforts through leveraging of existing resources, jointly seek greater connectivity to the CoC system based on identified gaps, and pursue future funding and partnership with the County – all with the full support of leaders representing each city.

Role of Southwest Riverside County

The County of Riverside Continuum of Care (County CoC) has experience supporting regional collaborations with the Coachella Valley Association of Governments (CVAG) and the Corona-Norco alliance. The County has been engaged in the RHA meetings and supports the activities of the RHA.

On January 10, 2024, the City of Murrieta and Baker Tilly met with the County CoC lead agency staff to discuss the creation of a by-name list for the five-city region. A dataset containing 378 clients was reviewed in a listing that included current HMIS users as well as which programs each client was enrolled in. Most of the data entry was completed by County or County-funded providers. City Net had many entries in the HMIS system, and SWAG had all of The Anchor clients entered, as required by the receipt of ESG-CV funding. However, Project Touch, Mission Hope, and The Salvation Army do not participate in the HMIS data system.

At the RHA meeting on January 17, 2024, the city representatives were encouraged to obtain an HMIS user license to allow them and their service providers the ability to track the status of homeless persons contacted during outreach within each city. It should be noted again that law enforcement is not permitted to gain access to the HMIS, as it is intended for service coordination only.

Regional Metrics

Building a responsive homeless services system of care relies on key data points with standardized indicators for each city that can be combined to represent the RHA. Several data points inform system design and help to focus investments. They can also improve the engagement of homeless people with resources; motivate service providers to remain dedicated to this difficult work; and broaden the community member support for the RHA initiative.

Below are the regional metrics that will be important for the RHA to collect, track, and monitor. While these are collected by the County, there may be additional data points for the RHA to collect based on its unique circumstances and the needs of its homeless population.



PIT Count: sheltered and unsheltered.



Housing Programs: number who receive emergency rental assistance, rental assistance, affordable housing.



Homeless Services and Outreach: number of duplicated individuals, number who have accepted services, number of contacts.



Shelter: individuals in shelter; number exited to housing, exited to shelter, exited to stay with family/friends, exited to recuperative care, and exited to mental health facilities.

Central to data collection and sharing within the larger RHA-County system is establishing useful local and regional metrics. These usually come in the form of performance indicators, which provide information about how resources are being used to provide programs and services, and their effectiveness for those utilizing the service or program. Implementing the Regional Homeless Alliance Action Plan means incorporating key performance indicators that are relevant for the RHA cities and aligning them with the County CoC data indicators. This will be important at the outset, because the RHA members are not well versed in HMIS and all five cities are collecting individually meaningful but varying data in a siloed approach. It is recommended that the staff responsible for data in each city work together to align the common data points, removing outputs like “referrals made” and replacing them with

outcomes like “placements confirmed” for street exits. The RHA does not currently fund or operate any interim shelters, but some key indicators for shelters may be relevant, such as length of stay, and employment and housing/treatment program placements from The Anchor and Project Touch programs, specifically.

The RHA Cities must collaborate to create the dataset that is most meaningful for the RHA, in current practice terms. This process should not be delayed pending staff training to utilize the HMIS database. Similarly, preparing the regional by-name list should commence immediately, with or without the use of HMIS data. HMIS datasets are standardized, and there are approximately 378 client names originating from the RHA region that were entered into the system primarily because of client participation in County and CoC programs. This HMIS data subset would not be representative of current RHA practices. The RHA datasets and by-name lists are more organic and provide a great starting point. These preliminary RHA datasets will eventually align better with the HMIS data, after staff have gained sufficient experience using the HMIS system to capture client information.

Formalizing the Regional Homeless Alliance

To formalize the Regional Homeless Alliance, the five cities must align on their approach to addressing and mitigating homelessness along the following dimensions:

Reduce territorialism by fostering a collective impact approach, and increase ownership of the initiatives for the Regional Homeless Alliance

- Establish a culture of mutual ownership by allowing cities to maintain a degree of autonomy with equal decision-making authority, to negotiate fair practices, and to share responsibility equitably.

Adopt a consistent approach to reduce or eliminate duplication of efforts, engage shared clients, and function as part of the County system

- Data sharing will be an important part toward mitigating homelessness.
- HMIS access for all cities through a designated non-law enforcement staff member in each city.
- Bimonthly coordination meetings with the County regarding outreach response and encampment clean ups.

Leverage staff, services, and other resources in order to reduce costs while improving overall outcomes

- Transition the encampment clean-up and enforcement response from law enforcement to include nonprofit and other service providers in order to improve outcomes of community members and to reduce costs.
- Identify key skills and scalable resources/service provision opportunities, and leverage resources strategically across the five cities to ensure mutual benefits to all RHA member cities.
- Diversify the tools and technology available across the RHA.
- Approach future funding and other financial resources as a collective.

Forming an alliance based on the sharing of personnel and approaches will require leadership and trust. However, the investment into implementing a regional approach will yield immediate and measurable positive results. For instance, pooling capacity with street outreach can allow for the creation of responsive multidisciplinary outreach teams comprised of healthcare professionals and other providers to engage individuals in need across all five cities. These types of needed partnerships optimize personnel and skillsets across the cities and the County such that service and skills gaps are more readily addressed, and duplication of effort is reduced significantly.

Critical to this end, the five cities must incorporate the usage of the HMIS in their outreach and regional efforts. Working with and being represented at the County level will also allow the RHA to realize its share of regional resources more fully. Additionally, multi-city regional collaborations have demonstrated a clear competitive advantage in securing funding awards (e.g., encampment grants and HHAP funding), which in turn allows them to better advocate for mental health services and addiction mitigation initiatives. Additional funding will also help the RHA effectively respond to legal mandates (e.g., *Martin v. Boise* litigation), as well as engage in broader legislative advocacy efforts.

Regional Housing Alliance Action Steps

Each of the five cities has been independently responding to homelessness within its borders for several years and directing existing resources that are most appropriate to meet its current needs. There is consensus that homelessness is increasing within the region at a steady rate, and there is support for assessing how a regionalized approach would improve conditions for each of the cities. Lake Elsinore, Murrieta, and Temecula have invested resources and obtained grant funds to expand their efforts to meet the increased demand for action. The following goals and action steps provide a high-level road map for

improving the RHA’s capacity while leveraging resources and funding, with the overarching objective of improving outcomes for a sustainable reduction in homelessness over time within the RHA region. As a companion document, Baker Tilly will transmit a draft implementation action plan (IAP) with detailed steps/tasks, prioritization levels, and other information for the RHA’s use as the cities carry out the goals outlined in this section. The IAP will be organized around specific recommendations, which address the major goals noted below.

Goal 1: Coordinate, streamline, and improve street outreach and engagement

As noted previously in the report, all five cities have individual street outreach response teams within each of their city limits, comprised of two or more of the following personnel: law enforcement, code enforcement, other city positions or county teams, and nonprofit service providers (specifically, SWAG and City Net).

City	Law Enforcement	Code Enforcement	Other City Department or County Team	Nonprofit Service Provider
Lake Elsinore	Sheriff	Code Enforcement		SWAG
Menifee	Municipal Police	Code Enforcement	The County's Community Behavioral Health Assessment Team (CBAT) and HHOPE	
Murrieta	Municipal Police and Fire		Parks and Recreation	City Net ¹
Temecula	Sheriff		Community Services	SWAG
Wildomar	Sheriff	Code Enforcement		City Net ¹

¹ City Net street outreach services are shared between Murrieta and Wildomar (as of February 2024).

With such varying teams, the RHA will need to ensure alignment and integration into one approach centered around responding with compassion and the provision of needed resources. The street outreach personnel, the nonprofit providers, and other staff may not come with the same understanding about how to be most effective with this population, as described earlier in the report. Therefore, it will be incumbent upon the RHA to provide ongoing education and training to its members to align with best practices using trauma-informed care, harm reduction techniques, and the strengths perspective for more effective engagement with the special needs of their homeless populations.

In conjunction with ongoing training and related support from the RHA, the service providers should work with the RHA to compile a regional by-name list to help reduce redundant contacts and to improve data sharing and outcomes for clients.

Goal 1 Action Steps

- Short-term: Collectively determine what the RHA's approach to street outreach will be through education and training on best practices, and document procedures clearly.
- Short-term: Establish a regional by-name list to be shared across all relevant service providers and which will be used to prioritize shelter, employment, and housing placements.
- Medium-term: Create regionally coordinated outreach teams that work across city borders (using the by-name RHA list).
- Medium-term: Provide ongoing quarterly training to service providers.

Goal 2: Regionalize encampment response protocols and grants

Of the five cities, only one, the City of Temecula, provided Baker Tilly with encampment response protocols. The City's formal protocols include the following:

- Posting a Notice to Vacate 24 to 72 hours in advance in the affected areas, with information about alternative sheltering options (e.g., Project Touch, The Ranch);
- Clearing debris fields;
- Securing properties; and
- Implementing crime prevention through environmental design (CPTED) measures where feasible, like cameras, lighting, better fencing, and other tools for maintaining visual clearance in foliage.

The written protocols also outline Department of Fish and Wildlife protections, and conditions under which the City can use "602 letters" to respond to trespassing on private property, with homeowners' permission. Going forward, it will be important for the five cities to follow one standard set of written encampment response protocols and train all street outreach personnel to be consistent in application, in compliance with legal regulations.

Once the RHA has compiled the regional by-name list and standardized its approach and protocols, it should apply for the State Encampment Resolution Fund (ERF) Program.

To truly function regionally, the RHA should explore implementation of a geographic information system like ArcGIS for law and code enforcement use across the region, to help with understanding regional migration trends and therefore better target deployment of resources, as well as to reduce redundant contacts and duplicative efforts.

Goal 2 Action Steps

- Short-term: Establish standard encampment response protocols across the RHA member cities, to be shared with all street outreach service providers.
- Short-term: Apply for the State Encampment Resolution Fund (ERF) Program as the RHA collaborative.
- Medium-term: Implement ArcGIS or a similar geographic information-enabled system for law and code enforcement use during outreach and encampment responses.

Goal 3: Standardize data collection

Currently, service providers are only using the County's HMIS system where it is mandated in their contracts with the County. Most of the service providers across the RHA do not use HMIS/CES or any data-sharing platform, nor are they collecting data in a standardized fashion across the region. Similarly, staff from the five cities gather a diverse range of data during outreach and would benefit from being on one shared system where data collection is standardized and accessible to all relevant parties.

Goal 3 Action Steps

- Short-term: Identify standard data collection protocols in collaboration with the County and other relevant stakeholders.
- Short-term: Secure HMIS licenses for all required and eligible users.
- Medium-term: Update or revise contract agreements with service providers to require collaboration and standard data collection protocols.
- Medium-term: Seek funding and training opportunities to strengthen the capacity of service providers to collect, use, and protect data.

Goal 4: Connect with the County and the Continuum of Care System

Connecting with the County's Continuum of Care (CoC) can result in significantly greater funding and mutual aid, as well as access to behavioral health resources, street medicine, sheltering and housing resources that are CoC-wide and are not currently accessible in the RHA.

As noted in the previous goal, this will entail utilizing the County's HMIS and CES, particularly for housing subsidies, vouchers, and placements. The RHA currently lacks behavioral health resources, which are critically needed for helping individuals who may be in distress or active crises, particularly during an encampment clean-up or law enforcement encounter. The County, on the other hand, has several behavioral health-focused resources to address mental health issues, addictions or substance abuse, crisis situations, and overall lifestyle and health improvement. The following are a few of the County resources that would be available to the RHA should the five cities decide to more closely collaborate with the County:

- HHOPE Team, which conducts outreach in partnership with law enforcement and provides linkages to regional homeless-related resources.
- CBAT, which are mental health-focused clinical teams that pair up with law enforcement during street outreach.
- Street Medicine teams provide a team of nurses, psychologists, and emergency medical technicians (EMT) during countywide outreach.
- Other behavioral health supports, including sobering centers, medication-assisted treatment (MAT), and Narcan to prevent deaths from opioid overdoses.

Goal 4 Action Steps

- Short-term: Assign one dedicated RHA staff member to regularly attend the County's bimonthly street outreach meetings, and report relevant information back to the RHA.
- Medium-term: Coordinate with the County to prioritize and secure sufficient access to addictions counselors, crisis stabilization units/beds, and detox or sobering centers.

Goal 5: Regionalize funding support from County/State/Federal Sources

At the County level, we have outlined various funds that the RHA would be eligible for, particularly once the RHA agrees to proactively engage with the County CoC. In addition, Menifee, Murrieta, Temecula, and Wildomar are part of the County Board of Supervisors (BOS) District 3, while Lake Elsinore is in District 2 of the County. Each of the districts receives a specific amount of funding to be disbursed by formula (dependent on size, annual PIT Count numbers, etc.). The five cities should coordinate how to optimize the use of this annual funding (which Lake Elsinore and Murrieta have been using to fund street outreach) to address homelessness as a region.

At the CoC planning level, the RHA cities can and should pursue Homeless Housing Assistance and Prevention Grant Program (HHAP) funds which are one-time grant funds meant to support regional coordination and expand local capacity to address homeless issues. The City of Murrieta has already received CalAIM HHIP funding for street outreach, and other RHA cities can leverage this success to seek additional funds.

At the federal level, there are numerous funds available for homeless prevention and mitigation. Table 6 shows both state and federal funds that can be used for the various eligible activities listed below.

Table 6. State and Federal Homeless-Related Programs

Program	Eligible Activities
Emergency Solutions Grant (ESG)¹	Homelessness prevention, emergency shelter, street outreach, and rapid rehousing
HUD Continuum of Care Notice of Funding Availability¹	Rapid rehousing, transitional housing, and permanent supportive housing
Homeless Housing Assistance Program (HHAP) Round 5²	Sheltering, street outreach, flexible subsidies, permanent supportive housing, and capital funds
State Encampment Resolutions Fund²	Flexible subsidies, permanent supportive housing, and capital funds

¹U.S. Department of Housing and Urban Development.

²California Business, Consumer Services and Housing Agency.

Goal 5 Action Steps

- Short-term: Assign key individuals to track funding opportunities and mobilize partners within the RHA to submit applications on a regular basis.
- Short-term: Participate in CalAIM meetings to become aware of service provision and funding opportunities across the RHA, and pursue relevant initiatives as appropriate.
- Medium-term: Determine an RHA-wide plan for leveraging the use of Board of Supervisors Districts 2 and 3 funding.
- Medium-term: Apply for all relevant County, State, and Federal funds within capacity (e.g., HHIP, HHAP, ERF, etc.).

Goal 6: Increase resource access points and the number of interim shelter beds available in the RHA

The cities of the RHA should identify existing buildings where nonprofits are already located or areas where city services are currently being utilized by those experiencing homelessness and turn these into resource access points. Temecula’s Community Resource Center is a great first step, but it is not

currently funded to operate as an access point. The Center is available by appointment only and through Temecula's street outreach teams.

Other opportunities to create access points include identifying known areas of congregation and placing service linkage resources nearby or onsite. This makes it much easier for those experiencing homelessness to access the services they need since they will not have to rely on transportation or other factors that can reduce one's likelihood of accessing services.

Additionally, the identification of a site for developing a navigation center equipped with 60 beds would serve the RHA very well, as it would provide access to basic resources during the day and shelter beds overnight and serve as the point of entry into the broader CoC system of care, including for housing placements.

Goal 6 Action Steps

- Short-term: Identify strategic locations to develop access points for homeless individuals to connect to needed resources.
- Medium-term: Site interim shelter program in County unincorporated areas to serve the Southwest Riverside County.
- Long-term: Seek blighted motel and/or vacant industrial buildings to be converted into the navigation center (Note: an estimated 12,000- to 30,000-square foot space is needed for a navigation center with approximately 60 interim beds).

Goal 7: Develop permanent affordable and supportive housing units

Developing a sufficient stock of available affordable housing is the aim, though this is also one of the most challenging goals. Short-, medium-, and long-term action steps can be taken to effectuate the objective of increasing the affordable and supportive housing stock. In the near term, the RHA should take advantage of all the County, State, and Federal resources already available in this area, including housing subsidies and vouchers, rental and housing assistance programs, and rapid rehousing. In the mid- to long-term, the RHA should devise a strategy to secure either by funding other providers or by constructing facilities directly to meet the affordable housing need in the region. This is the only way to alleviate homelessness at its root cause.

Goal 7 Action Steps

- Medium-term: Enter clients into County HMIS/CES for countywide housing access, including rapid rehousing, permanent supportive housing, housing vouchers, and housing/rental assistance.
- Medium-term: Develop family programs to address the McKinney-Vento eligible populations that are housing insecure.
- Medium-term: Develop a plan to construct additional affordable housing units, as feasible.
- Long-term: Implement affordable housing development plan (see above).
- Long-term: Seek unused motel and/or vacant industrial buildings and convert into permanent affordable/supportive housing (using Homekey or other sources of funding, as available).

Summary

As noted at the start of this section, we will send a more detailed draft implementation action plan (IAP) with prioritization levels, knowing that many of the action steps above are sequential and have

dependencies on other actions being started or completed. Some, like regionalizing outreach, creating a by-name list across all the RHA cities, and jointly pursuing the State's ERF program are actions the RHA can start immediately. Others, such as fully integrating into the County's HMIS/CES, will take longer, more investment of time and resources, as well as involve multiple external stakeholders; these are the medium-term action steps. Finally, the most resource-intensive and externally dependent actions such as securing and siting a navigation center and developing a sufficient supply or pipeline of affordable housing across the region will require the greatest infusion of resources and demand an alignment of political will around an increasingly challenging issue. Hence, it will be critical in forming and formalizing the RHA to structure its governance in such a way as to best allow for the accomplishment of these aims.

Governance Structure Options

The most important aspect of creating a regional collaborative is to establish the leadership and governance structure. To do this successfully, decision makers from each city must be engaged at the forefront of the agreement. In the following section, we outline three options for how to structure and govern the RHA that allows for varying degrees of autonomy among the five cities, while ensuring each city has a stake in the success of the RHA. The governance options are listed below from least to most formal.



Creation of a Steering Committee comprised of two representatives from each City



Entering into a Memorandum of Understanding (MOU) structure that clearly delineates resource commitments by city in terms of staffing, funding, site placement(s), service provision, and others as mutually agreed upon by the member cities of the RHA



Entering into a Joint Powers Authority (JPA) that transforms the RHA into a single legal entity

We provide more detail regarding the key characteristics of the three options and offer some additional points to consider below.

Steering Committee – This structure is appropriate for informal working relationships when collaborating on a shared objective, usually for a time-limited duration. This partnership approach would be seen by external stakeholders and potential funders as the least formal of the three options. The current RHA convenings could easily be adapted to conform to this model of agreement, by designating decision makers to represent each of the five cities on the Steering Committee and assigning appropriate staff to the subcommittees on data collection and sharing, securing CoC funding, and streamlining street outreach and formalizing encampment response efforts.

Memorandum of Understanding (MOU) – The MOU structure outlines the purpose of the partnership, specifies the roles and specific contributions from each of the parties (i.e., the five cities) to the MOU, and may or may not contain a financial component for a cost-shared deliverable(s) from the parties. The benefit of the MOU structure is that it demonstrates a more formal partnership that is of longer duration than the steering committee structure and would be recognized by external stakeholders and potential funders as a regional commitment to the work. As part of the MOU, each city would specify its role, and negotiate terms for what it will contribute and what it will receive as a member. There may be costs associated with the administration of the MOU, and this could either be borne by a voluntary contributor or be shared across all parties to the MOU. Furthermore, the Cities are encouraged to have the MOU adopted by each of their city councils, for a minimum term of two to five years initially (and which can then be renewed).

Joint Powers Authority (JPA) – The JPA is a formal legal arrangement that would create a separate entity operating with both fiscal and programmatic autonomy, and which would require the establishment of a formal board to oversee its scope of authority. There would need to be a specific justification as to why the entity requires autonomy from the parties involved. This process will be the most resource intensive of the three options and may take some time to fully implement. This option would also require a high degree of alignment and coordination between the parties entering the JPA. There will likely also be the highest administrative costs associated with this option, including potentially finding and securing office space, hiring staff, marketing and branding the new entity, etc.

Selecting A Governance Structure

The five cities will need to consider the purpose and role of the RHA and the membership commitment level expected for each of the cities as they determine which governance model is the best option to move the needle for the RHA. Based on our understanding of the aims of the RHA, we have outlined the following purpose, roles, and potential funding structure, as well as posed associated questions for the RHA cities to discuss and consider as it works to select and formalize a governance structure that meets these criteria.

Purpose

The purpose of the RHA is to streamline the five cities' responses to and improve their effectiveness in addressing homelessness in the region; to increase support and access to resources from the CoC; and to strengthen partnerships with the County of Riverside, and the healthcare and educational systems to prevent and end homelessness in the region.

Roles

Each of the cities within the RHA brings both strengths and challenges to the collaborative in their responses to homelessness within their respective jurisdictions. The ideal for engaging in a regionalized strategy will be to match strengths and challenges across all five cities to ensure that the collective RHA is much stronger than the sum of its parts. As outlined in the gap analysis and throughout the report, each city brings different resources and partnerships to the table around street outreach, encampment response, and sheltering and housing. The governance structure that is selected should be the one that best leverages the existing resources, skillsets, and strengths of each city to address the identified gaps in the system in the context of what is politically feasible for the region.

Funding methodology

Depending on the governance structure, there may need to be specific language that addresses how the RHA will manage shared grant awards (i.e., whether the RHA will designate a fiscal agent or assign grants to a particular city to manage the award, with shared deliverables from the other RHA partners, for instance). The RHA may also want to address how to fund a cost-shared deliverable, like the development of an access point, a navigation center that includes 50 to 60 beds, or a housing development like a tiny village, for example. The RHA will have to account for any additional costs associated with the chosen governance structure, like administrative staff, office space, supplies and materials, etc., and define how those costs will be shared among the member cities.

Below are other questions to consider:

- What structure would best allow the RHA to optimize existing funding sources?
- What structure would best allow the RHA to secure and share future funding and/or mutual benefit grants?
- What structure would result in the least administrative cost to manage grant funds and other financial awards while balancing the ability of the RHA to get the most competitive grants?

Staffing

Each of the cities has designated staff who are assigned to the homelessness response efforts. These staffing costs are not typically included within the governance structure, unless there is a regionalized role

or function assigned under the chosen agreement. Initially, there may not be a need to fund an administrative support person(s) to manage RHA deliverables; however, this and other identified roles should be articulated for future funding consideration when the shared activities of the RHA warrant additional staff. Moreover, as noted previously in the report, staff with the appropriate levels of expertise should be identified for the following subcommittees: a) data collection and sharing, b) participating in CoC meetings (specifically for street outreach and at CoC board meetings), and c) securing funding opportunities and mobilizing the RHA to pursue grants.

Below are questions for discussion:

- What administrative staff support will each structure require?
- What positions and how many will be required?
- How many total RHA staff will each structure require?
- Will other subcommittees be needed and, if so, how will these be staffed given the governance structure options?

Other Considerations

- What structure allows the cities to best leverage shared resources?
- What structure allows for the most seamless integration with the County or in contracting with service providers?
- What structure allows the cities the most flexibility to select service providers/pursue partnerships?
- What structure allows the cities flexibility to make key decisions around the siting of resources, allocation of funds, deployment of staff, etc., while still contributing to the overall goals and activities of the RHA as a collaborative?
- What approach to decision making is preferred by the RHA?

Governance Recommendation

The Regional Homeless Alliance (RHA) aims to offer efficient and effective homeless services, striving to achieve functional zero in the region. After analyzing the situation, we've determined that a steering committee, while informal, may not clearly define roles and responsibilities. Externally, it could be perceived as a lack of commitment to a truly regional approach.

On the other hand, our assessment of the RHA's current state suggests that a Joint Powers Agreement (JPA) isn't necessary at this stage. The member cities of the RHA may not be prepared for such formalization.

Therefore, it is recommended that the RHA adopt a Memorandum of Understanding (MOU) to align efforts across all five cities. This approach balances formalization with flexibility, clarifying roles, shared goals, and funding mechanisms. It also demonstrates the RHA and its partners' commitment to addressing homelessness collaboratively on a regional level.

Conclusion

This report has provided a comprehensive analysis of the steps taken by the new RHA to address the challenge of homelessness within the member cities. Each of the member cities has taken innovative steps to develop locally-based initiatives to improve outreach and service provision to those experiencing homelessness.

The analysis has also shown that there can be better alignment between RHA, Riverside County CoC, and the many non-profits working in the homeless services arena. While the various actors are not consciously working at cross purposes, the fragmented nature of local government and the siloed nature of current funding resources for homeless services creates an environment where integration and cooperation are challenging.

To counteract this tendency and increase effectiveness and productivity, this report offers a series of goals, associated action steps, and recommendations all aimed at formalizing and operationalizing the activities of the RHA in conjunction with the Riverside County CoC. In terms of the Riverside County CoC, its operations will be enhanced by the buy-in and support from the municipalities represented by the RHA. In turn, the RHA will benefit from a stronger partnership with the Riverside County CoC because of improved access to data systems such as HMIS and CES, as well as more resources. Most important, the homeless population will benefit from a more seamless service delivery.

Attachment A – List of Recommendations

- Recommendation 1.** Designate representatives to research and apply for all relevant County, CoC, State, and Federal grant funds that are in alignment with the Regional Homeless Alliance’s strategy to achieve functional zero homelessness in the region.
- Recommendation 2.** Develop a strategy to identify and partner with the region’s school districts most impacted by homelessness and at-risk homelessness to create a safety net that prevents families and children from becoming unhoused.
- Recommendation 3.** Establish a regional “by-name” list that is representative of the homeless population in each city and deduplicated for the Regional Homeless Alliance region, and that can be utilized to target limited resources for the identified group of individuals experiencing homelessness over time in the Regional Homeless Alliance.
- Recommendation 4.** Formalize encampment response protocol, using Temecula’s as an example, and develop a portfolio of resources across the Regional Homeless Alliance to ensure consistency and coordination of efforts when providing linkages to resources during encampment clearings.
- Recommendation 5.** Create regionally coordinated outreach teams that work across city borders to meet the needs of the street populations.
- Recommendation 6.** Work with the County CoC to apply for a State Encampment Resolution Funding (ERF) Program grant as the Regional Homeless Alliance collaborative.
- Recommendation 7.** Identify two to three locations that can be appropriately utilized as access points and/or a resource center for those experiencing homelessness across the Regional Homeless Alliance region, and develop a plan to fund and develop at least one location.
- Recommendation 8.** Create a subcommittee within the Regional Homeless Alliance to focus on regional street outreach coordination and integration of efforts related to encampment response, to ensure all parties are aligned on one approach.
- Recommendation 9.** Engage in new partnerships with healthcare centers as well as the Riverside Transit Agency on potential ways to improve referral linkages for those experiencing homelessness.
- Recommendation 10.** Work with the County of Riverside leadership to improve capacity and subcontract various components, as appropriate, to address mental and behavioral health needs within the Regional Homeless Alliance.
- Recommendation 11.** Secure 48 set-aside behavioral health beds located within the Regional Homeless Alliance region, in collaboration with the County of Riverside.
- Recommendation 12.** Advocate for County funding to expand Care Solace to provide regional mental health system navigation services for the Regional Homeless Alliance region.
- Recommendation 13.** Designate Regional Homeless Alliance staff to work with the County of Riverside to integrate CalAIM-funded activities and service components within the Regional Homeless Alliance region.

Recommendation 14. Identify opportunities to fund and develop a navigation center with approximately 60 interim shelter beds.

Recommendation 15. In service contract agreements, ensure standard contract terms to require all service providers work together wherever collaboration opportunities exist (e.g., data sharing, creating the by-name list, designing complementary service provision approaches, etc.).

Recommendation 16. Designate at least one dedicated Regional Homeless Alliance representative to regularly participate in and report back on the County's bimonthly street outreach meetings, the CoC board meetings, and any other critical County-related meetings that can help the Regional Homeless Alliance achieve its objectives.

Recommendation 17. Collaborate with the County to coordinate directly with the County HHOPE Team, strengthen behavioral health responses within the Regional Homeless Alliance, and improve connections to the system of care, particularly focusing on housing and workforce development.

Recommendation 18. Require that all five cities join HMIS and coordinate with the County around data collection, performance measures, and other information in a standardized format.

Recommendation 19. Create a subcommittee within the Regional Homeless Alliance to focus on data-sharing, collection, and reporting.

Recommendation 20. Require usage of and data entry into the County CoC HMIS as a requirement for each nonprofit organization funded by a Regional Homeless Alliance city, in an effort to align the Regional Homeless Alliance outreach with the regional CoC housing placement priorities in CES.

Recommendation 21. Implement an ArcGIS system for all five Regional Homeless Alliance cities' law enforcement use.

Recommendation 22. Seek opportunities from the County, State, and Federal governments to develop affordable housing units at the 30% of area median income level in the region.

Recommendation 23. Identify a short-term and long-term plan for developing the five-city region's affordable housing stock to contribute to the regional housing needs for the area, particularly for special needs populations among those experiencing homelessness (e.g., veterans, seniors, and families).

Recommendation 24. Identify and confer decision-making authority to key individuals representing each Regional Homeless Alliance member city to lead the oversight of the development and implementation of the RHA's initiatives.

Recommendation 25. Formalize a governance structure for the Regional Homeless Alliance.

Recommendation 26. Collectively align around a vision, mission, and goals for the Regional Homeless Alliance to reach functional zero homelessness in the region.

Attachment B – Glossary

Term	Definition or Description	Source or Link with More Information (if applicable)
602 Letter	A no-trespass letter from property owners for local law enforcement to remove trespassers. State of California, Penal Code Section 602.	California Legislative Information: https://leginfo.ca.gov/faces/bi/INavClient.xhtml?bill_id=202320240SB602
Adventures of the Heart and Mind	Located in Menifee with additional offices in San Diego and Los Angeles, they provide mental health counseling in person to local clients and via teletherapy to clients throughout California.	Adventures of the Heart and Mind: https://adventuresoftheheartandmind.com/
American Medical Response (AMR) Ambulance, County of Riverside	A provider of emergency medical services (EMS) and patient transport to cities and counties (including fire departments), and other government agencies.	American Medical Response: https://www.amr.net/
American Rescue Plan Act (ARPA)	Legislation to accelerate the country’s recovery from the economic and health impacts caused by the COVID-19 pandemic and subsequent recession, also known as the COVID-19 Stimulus Package.	U.S. Interagency Council on Homelessness: https://www.usich.gov/sites/default/files/document/USICH_American_Rescue_Plan_Guide.pdf
ArcGIS	Software for secure mapping and spatial analysis to collect and manage data and improve decision making.	ESRI: https://www.esri.com/en-us/arcgis/products/arcgis-online/overview
Area Median Income (AMI)	Represents the household income for the median, or middle, household income in a specific region as determined by the Federal Housing Finance Agency.	Calculate Riverside County AMI: https://www.huduser.gov/portal/datasets/il/il2024/select_Geography.odn
Behavioral Health	Behavioral health is interlinked with mental health and looks at the behaviors that influence physical and mental well-being and things such as lifestyle choices (habits, addiction, social interactions, etc.).	American Medical Association: https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health
California Advancing and Innovating Medi-Cal (CalAIM)	Advancing and innovating Medi-Cal to create a more coordinated, person-centered, and equitable health system for Californians.	State of California Department of Health Care Services: https://calaim.dhcs.ca.gov/
California Balance of State	A competitive process that aims to address homelessness and housing challenges across broader geographic areas by securing federal grants to support these efforts.	State of California Department of Housing and Community Development: https://www.hcd.ca.gov/grants-and-funding/programs-active/emergency-solutions-grants
California Department of Fish and Wildlife	Responsible for the management of California’s diverse fish, wildlife, and plant resources and the habitats upon which they depend for their ecological values and for their use and enjoyment by the public.	State of California Department of Fish and Wildlife: https://wildlife.ca.gov/
California Department of Forestry and Fire Protection (CAL FIRE)	The State of California’s fire protection department, which provides services to Lake Elsinore, Menifee, and Wildomar.	State of California Department of Forestry and Fire Protection: https://www.fire.ca.gov/
California Department of Transportation (Caltrans)	Management of California’s network of highway and freeway lanes. Caltrans District 8 covers Riverside County and San Bernardino County.	State of California Department of Transportation: https://dot.ca.gov/caltrans-near-me/district-8

Term	Definition or Description	Source or Link with More Information (if applicable)
California Work Opportunity and Responsibility to Kids (CalWORKs)	Provides equitable access to services, resources, and opportunities that families need to increase resilience, achieve economic mobility, and break the cycle of poverty.	State of California Department of Social Services: https://www.cdss.ca.gov/calworks
Care Solace	Mental health care coordination services with a human-driven and technology-enabled approach to help municipal governments provide timely and effective mental health care for residents.	Care Solace: https://www.caresolace.org/services/municipalities
City Net	A nonprofit organization that partners with city governments, faith congregations, and nonprofit organizations to streamline homelessness services by developing collective system-wide goals, strategic action plans, and measurable results.	City Net: https://www.citynet.org/
Coachella Valley Association of Governments (CVAG)	The regional planning agency coordinating government services by providing solutions to the common issues of the member local government entities and tribes to promote quality of life and balanced growth of Central and Eastern Riverside County.	Coachella Valley Association of Governments: https://cvag.org/
Community Access Network	An independent, nonprofit, federally qualified health center that offers a full range of medical services, including treatments for people living with behavioral and substance abuse disorders.	Community Assess Network: https://www.communityaccessnetwork.org/
Community Behavioral Health Team (CBAT), County of Riverside	“A specialized unit of clinical therapists that work alongside sheriffs and police officers. The Team consists of a specially trained sheriff or police officer and a RUHS-BH clinical therapist who respond to calls for law enforcement that involve individual(s) experiencing a mental health crisis. CBAT seeks to avoid adverse outcomes by diverting individuals with mental health issues to appropriate community services and behavioral health resources.”	City of Murrieta Police Department: https://www.murrietaca.gov/1052/Community-Behavioral-Health-Assessment-T
Community Development Block Grant (CDBG)	“Provides annual grants on a formula basis to states, cities, and counties to develop viable urban communities by providing decent housing and a suitable living environment, and by expanding economic opportunities, principally for low- and moderate-income persons. The program is authorized under Title 1 of the Housing and Community Development Act of 1974, Public Law 93-383, as amended 42 U.S.C. 5301 et seq.”	U.S. Department of Housing and Urban Development Community Development Block Grant Program HUD.gov / U.S. Department of Housing and Urban Development (HUD)
Community Mission of Hope	Provides food distribution, serves as a housing resource center, and offers case management services. Provides affordable housing through its Hope Family Housing program along with supportive services, and includes the Empowerment Village, which provides transitional housing and life skills programming for up to 45 mothers with children.	Community Mission of Hope: https://cmoh.net/
Community Policing Team (CPT), Murrieta Police Department	Founded in 2020 and funded by Measure T, the CPT seeks innovative solutions by partnering with diverse resources, like community groups, social outreach organizations, other departments within the City of Murrieta and County of Riverside, regional behavioral health professionals, allied law enforcement agencies, and units within the Murrieta Police Department. The team works with CBAT, clinical specialists from the Riverside University Health System, and serves as the Police Department’s designated Homeless Outreach Team.	City of Murrieta Police Department: https://www.murrietaca.gov/949/Community-Policing-Team

Term	Definition or Description	Source or Link with More Information (if applicable)
Community Services and Supports	The largest component of the Mental Health Services Act, with funding to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbances and is comprised of three service categories: full-service partnership services, outreach and engagement services, and general system development.	State of California Department of Health Care Services: https://www.dhcs.ca.gov/services/MH/Pages/MHSA-Components.aspx
Continuum of Care (CoC)	Provides funding through county and local jurisdictions for homeless nonprofit service providers to solve homelessness.	U.S. Department of Housing and Urban Development: https://www.hudexchange.info/program/coc/
Coordinated Entry System (CES)	A network of homeless services across each county that aligns and centralizes resources so that they are efficiently and fairly distributed to those in need. A CES allows for one point of intake, assessments, and resource referrals to all relevant local/county, state, and federal programs that clients are eligible to receive.	U.S. Department of Housing and Urban Development: https://www.hudexchange.info/homelessness-assistance/coordinated-entry/#coordinated-entry-notice
Corona-Norco Alliance	In April 2021, the City of Corona and the City of Norco formed an alliance to address homelessness in the region through a Memorandum of Understanding. Services are provided by City Net and each City provides outreach, engagement, case management, supportive service, motel shelter, and a path to housing. The Alliance created a homeless information card to provide resource connections to those in need. The program is called The Road Home.	City of Corona: https://www.theroadhome.coronaca.gov/homelessness-solutions
County of Riverside Continuum of Care (CA 608, County CoC)	“The planning body that coordinates the community’s policies, strategies, and activities toward preventing and ending homelessness.”	County of Riverside Department of Housing and Workforce Solutions: https://rivcohps.org/continuum-care-division
COVID Pandemic (CV) <ul style="list-style-type: none"> • Community Development Block Grant-COVID (CDBG-CV) • Emergency Solutions Grant-COVID (ESG-CV) • HOME Investment Partnership Program-American Rescue Plan Program (HOME-ARP) 	<p>Additional funding made available under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and the McKinney-Vento Homeless Assistance Act as follows:</p> <p>CDBG-CV: Community Development Block Grant funds “to prevent, prepare for, and respond to the coronavirus pandemic.”</p> <p>ESG-CV: Emergency Solutions Grant Program funds “for short- and medium-term rental assistance and housing relocation and stabilization services for individuals and families who are residing in housing and receiving time-limited subsidies funded by another source and who meet the definition of ‘homeless.’”</p> <p>HOME-ARP: American Rescue Plan “to assist individuals or households who are homeless, at risk of homelessness, and other vulnerable populations, by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability.”</p>	U.S. Department of Housing and Urban Development: https://www.hud.gov/program_offices/cmm_planning/home-arp
Crime Prevention Through Environmental Design (CPTED)	A multidisciplinary approach to crime prevention using urban and architectural design and management of the built and natural environment.	The International Crime Prevention Through Environmental Design Association: https://www.cpted.net/

Term	Definition or Description	Source or Link with More Information (if applicable)
Emergency Solutions Grant (ESG)	A formula grant program that distributes funds to states and larger cities, counties, and territories for the following uses: street outreach, emergency shelter, homelessness prevention, rapid re-housing, and HMIS (and all related administration activities up to a specific percentage).	U.S. Department of Housing and Urban Development: https://www.hudexchange.info/programs/esg/
Empowerment Village	A shared living campus located in Temecula for single mothers and their children struggling with homelessness and food insecurity and providing resources for life skills that focus on the areas of financial and career advancement, holistic wellness, parenting, and leadership.	Rancho Damacitas Community Mission of Hope: https://cmoh.net/empowerment-village/
Encampment Resolution Funding Program (ERF)	The Encampment Resolution Funding (ERF) Program is a \$750 million competitive grant program provided by the State of California to cities, counties, and Continuums of Care (CoCs) to assist them with providing those living in encampments with “services and supports that address their immediate physical and mental wellness and result in meaningful paths to safe and stable housing.”	State of California Business, Consumer Services and Housing Agency: https://bcsh.ca.gov/calich/erf_program.html
Functional Zero Homelessness	When a community reaches functional zero homelessness, the community has the capacity to move everyone experiencing homelessness into permanent housing. Those who enter homelessness are only experiencing homelessness briefly, and these occasions are rare. Every community has a functional zero threshold based on the average number of individuals exiting homelessness each month. Staying below this threshold marks reaching functional zero for a community.	Community Solutions: https://community.solutions/built-for-zero/functional-zero/
HOME Investment Partnership Program (HOME)	“The largest federal block grant to state and local governments designed exclusively to create affordable housing for low-income households. HOME funds are awarded annually as formula grants to participating jurisdictions (PJs). The program’s flexibility allows states and local governments to use HOME funds for grants, direct loans, loan guarantees or other forms of credit enhancements, or rental assistance or security deposits.”	U.S. Department of Housing and Urban Development https://www.hud.gov/program_offices/comm_planning/home
Homeless Action Plan, County of Riverside	The County of Riverside’s plan to address the crisis of homelessness with its partner cities and provider agencies.	County of Riverside Housing and Workforce Solutions Department: https://rivcohws.org/sites/g/files/aldnop131/files/2022-10/County%20of%20Riverside%20Homeless%20Action%20Plan.pdf
Homeless Emergency Assistance and Rapid Transition to Housing (Hearth Act of 2009)	The Hearth Act of 2009 reauthorized the McKinney-Vento Homeless Assistance Act with considerable amendments.	U.S. Department of Housing and Urban Development: https://www.hudexchange.info/homelessness-assistance/hearth-act/
Homeless Housing Assistance and Prevention Grant Program (HHAP)	Annual funding opportunities for local jurisdictions “to support regional coordination and expand or develop local capacity to address their immediate homelessness challenges.”	State of California Business, Consumer Services and Housing Agency: https://bcsh.ca.gov/calich/hhap_program.html
Homeless Housing Opportunities, Partnership and Education Program (HHOPE)	HHOPE “manages, coordinates, and monitors all programs providing housing support services.” Funding is provided through the Mental Health Services Act (MHSA), a California measure passed by voters in November 2004, “as part of the original Community Services and Supports (CSS) plan.” HHOPE operates The PATH and The Place which are located in Palm Springs and Riverside, respectively.	Riverside University Health System: https://www.ruhealth.org/behavioral-health/housing

Term	Definition or Description	Source or Link with More Information (if applicable)
Homeless Management Information System (HMIS)	<p>“A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each HUD-funded Continuum of Care (CoC) is responsible for selecting an HMIS software solution that complies with the requirements from the U.S. Department of Housing and Urban Development (HUD) on data collection, management, and reporting standards.</p> <p>The Housing and Workforce Solutions (HWS) 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. HWS 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."</p>	<p>County of Riverside Continuum of Care: https://rivcohpps.org/coc-homeless-management-information-system</p>
Housing and Homelessness Incentive Program (HHIP)	<p>“In accordance with section 9817 of the American Rescue Plan Act (ARPA) of 2021, DHCS developed a Medi-Cal Home and Community-Based Services (HCBS) Spending Plan detailing a series of initiatives that will enhance, expand, and strengthen HCBS in California. The Housing and Homelessness Incentive Program (HHIP) is one of the HCBS Transitions initiatives, which aims to expand and enhance programs that facilitate individuals transitioning to community-based, independent living arrangements. HHIP is a voluntary incentive program that will enable Medi-Cal-managed care plans (MCPs) to earn incentive funds for making progress in addressing homelessness and housing insecurity as social determinants of health.” Funding opportunities expired in March 2024.</p>	<p>State of California Department of Health Care Services: https://www.dhcs.ca.gov/services/Pages/Housing-and-Homelessness-Incentive-Program.aspx</p>
Housing and Workforce Solutions Department (HWS)	<p>A Riverside County department formed in 2020 to focus on innovative ways to elevate social and economic opportunity in Riverside County. HWS consists of the following agencies:</p> <ul style="list-style-type: none"> • Housing Authority of the County of Riverside (HACR): https://harivco.org/ • Community and Housing Development (CHD): https://rivcohws.org/community-and-housing-development • Workforce Development (WD): https://rivcoworkforce.org/ • Community Action Partnership (CAP): https://capriverside.org/ • Continuum of Care (CoC): https://rivcohws.org/continuum-care-division 	<p>County of Riverside Housing and Workforce Solutions Department: https://rivcohpps.org/</p>
Housing Authority Vouchers (Section 8)	<p>A federal program to assist very low-income families, elderly, and disabled persons to be able to afford decent, safe, and sanitary housing in the private market. Also referred to as Housing choice vouchers that are administered locally by public housing agencies. Also see County of Riverside Housing Authority (https://harivco.org/)</p>	<p>U.S. Department of Housing and Urban Development: https://www.hud.gov/topics/housing_choice_voucher_program_section_8</p>
Inland Valley Hospital and Medical Centers	<p>The Inland Valley Hospital is in Wildomar and is the only trauma center serving Southwest Riverside County. The hospital also provides emergency medical services, intensive care, diagnostic imaging, rehabilitation, and more. Southwest Healthcare provides non-hospital care through its A+ Urgent Care Centers in Murrieta, Lake Elsinore, and Menifee Lakes.</p>	<p>Southwest Healthcare Inland Valley Hospital: https://www.swhinlandvalley.com/</p>

Term	Definition or Description	Source or Link with More Information (if applicable)
Johnson v. City of Grants Pass (Order and Amended Opinion, July 5, 2023)	A ruling by the Ninth Circuit Court of Appeals that upholds a prohibition on the criminalization of the basic, life-sustaining activities of people experiencing homelessness, such as sleeping outside or in tents. The ruling expands to include administrative enforcement, regulation of certain sleeping items, and camping in vehicles; and further limits what and how cities can enforce local ordinances pertaining to homelessness.	U.S. Court of Appeals for the Ninth Circuit: https://cdn.ca9.uscourts.gov/datastore/opinions/2023/07/05/20-35752.pdf
Joint Powers Authority (JPA)	A JPA is a stand-alone organization formed by government entities for a specific purpose or project as outlined in California Government Code Section 6500.	California Legislative Information: https://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=GOV&sectionNum=6500
Kaiser Permanente (KP)	“One of the nation’s largest not-for-profit health plans, serving 12.5 million members.”	Kaiser Permanente: https://about.kaiserpermanente.org/who-we-are/fast-facts
Key Performance Indicators	“KPIs are the critical (key) quantifiable indicators of progress toward an intended result. KPIs provide a focus for strategic and operational improvement, create an analytical basis for decision making and help focus attention on what matters most.”	KPI.org: https://www.kpi.org/KPI-Basics/
Lake Elsinore Children’s Mental Health Clinic	Provides services to children with severe emotional and behavioral problems, which include psychiatric evaluations, medication services, individual and family therapy, and case management.	Riverside University Health System: https://www.ruhealth.org/behavioral-health/children-services
Lake Elsinore Dream Center Pantry	Originally launched in 1990, the DC Pantry meets the immediate physical needs of food and household items and provides people with a connection to a community of support and an on-ramp to a transformational process toward self-sufficiency.	Dream Center: https://www.dreamcenterle.org/dc-pantry
Lake Elsinore Family Care Center	Operated by the Riverside County Community Health Agency, the Lake Elsinore Family Care Center offers quality healthcare services for the entire family and people of all ages. Many services are provided through state-funded programs.	City of Lake Elsinore: https://www.lake-elsinore.org/Facilities/Facility/Details/Lake-Elsinore-Family-Care-Center-44
Lake Elsinore Multidimensional Family Therapy Team	The Riverside University Health System’s Multidimensional Family Therapy (MDFT) services provide an evidence-based approach to the treatment of behavioral and substance use disorders through teams of clinical therapists and behavioral health specialists.	Riverside University Health System: https://www.rcdmh.org/Children-Services/MultiDemensional-Family-Therapy
Lake Elsinore Parent-Child Interaction Therapy Program	Parent-child interaction therapy (PCIT) is an evidence-based treatment program designed for young children with social, emotional, and behavioral difficulties.	Riverside University Health System: https://www.ruhealth.org/behavioral-health/children-services
Lake Elsinore Wellness and Recovery Clinic for Mature Adults	Riverside University Health System-Behavioral Health Older Adult Services has a clinic in Lake Elsinore offering services that focus on wellness, recovery, and resiliency. Its Specialty Multidisciplinary Aggressive Response Team (S.M.A.R.T.) provides outreach and engagement to at-risk populations for homeless individuals.	Riverside University Health System: https://www.rcdmh.org/Mature-Adult-Services
Lestonnac Free Clinic	Provides free healthcare services to low-income and uninsured residents in Southern California.	Lestonnac Free Clinic: https://www.lestonnacfreeclinic.org/
Loma Linda University Medical Center Murrieta	An academic medical center operating six hospitals, one of which is located in Murrieta.	Loma Linda University Health: https://lluh.org/about-us

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Martin v. City of Boise (2018)	<p>A 2018 Ninth Circuit U.S. Court of Appeals decision affirming the rights of homeless individuals to shelter and other critical resources when enforcing local ordinances, like encampment abatement.</p> <p>In summary, the opinion states that it is important to consider the constitutional rights of homeless individuals when crafting and enforcing local ordinances. U.S. Court of Appeals for the Ninth Circuit</p>	<p>U.S. Court of Appeals for the Ninth District: https://cdn.ca9.uscourts.gov/datastore/opinions/2018/09/04/15-35845.pdf</p>
McKinney-Vento Homeless Assistance Act	<p>Children and youth experiencing homelessness face unique challenges in accessing and succeeding in school. The McKinney-Vento Act establishes the definition of homeless used by U.S. public schools, and the educational rights to which these children are entitled.</p>	<p>National Center for Homeless Education: https://nche.ed.gov/mckinney-vento-definition/?highlight=mckinney-vento</p>
Measure AA	<p>Approved by voters in November 2018, Measure AA "Wildomar's Public Safety and City Services Measure: To protect Wildomar's financial stability/small-town character by maintaining and improving local police/fire protection/911 emergency response; improving traffic flow/safety including Bundy Canyon, Clinton Keith, Baxter roads; fixing potholes/streets; addressing homelessness; and other general municipal services; by establishing a one-cent sales tax providing approximately \$1,700,000 annually."</p>	<p>City of Wildomar: https://www.cityofwildomar.org/270/Measure-AA</p>
Memorandum of Understanding (MOU)	<p>A document that describes the broad outlines of an agreement that two or more parties have reached, and which communicates the mutually accepted expectations of all parties involved.</p>	
Menifee Global Medical Center	<p>An 84-bed hospital in Menifee that supports and maintains a full range of specialty services including a Medical Detoxification Program.</p>	<p>Menifee Global Medical Center: https://www.menifeeglobalmedicalcenter.com/about/</p>
Mental Health Services Act (MHSA)	<p>Passed by California voters in 2004 (Proposition 63), the Mental Health Services Act (MHSA) is funded by a one percent income tax that is designed to expand and transform the state's behavioral health system by addressing a broad continuum of prevention, early intervention, and service needs.</p>	<p>State of California Department of Health Care Services: https://www.dhcs.ca.gov/services/mh/Pages/MH_Prop63.aspx</p>
Mission Hope Food Pantry	<p>In Temecula, the Mission Hope Food Pantry has partnered with local grocers and food merchants to distribute donations to hundreds of needy families each month.</p>	<p>Community Mission of Hope: https://cmoh.net/food-pantry/</p>
Molina Healthcare	<p>Molina provides access to health care regardless of their situation by offering a holistic, community-based approach designed to meet individual needs. Health plans include Molina Medicaid contracted through the State for individuals who qualify; Molina Medicare for individuals with Medicare or both Medicare and Medicaid coverage; Integrated Medicaid/Medicare for eligible Medicaid and Medicare individuals; and Molina Marketplace that subsidizes commercial coverage for those whose income makes them ineligible for Medicaid.</p>	<p>Molina Healthcare: https://www.molinahealthcare.com/members/common/en-us/abtmolina/compinfo/mhp.aspx</p>
Notice of Funding Availability (NOFA), County CoC and HUD	<p>A notice that announces the availability of funds for certain programs or purposes.</p>	<p>County of Riverside Department of Housing and Workforce Solutions: https://rivcohhpws.org/</p>

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North Service Planning Area (North SPA)	North Orange County Service Planning Area is comprised of 13 cities. Most of the area agencies are collaborating on a regional approach to address homelessness and received Homeless Emergency Aid Program (HEAP) from the State of California via the Orange County Continuum of Care.	City of Buena Park: https://www.buenapark.com/T2_R49.php
Oak View Ranch	An affordable housing community providing 200 apartment homes for individuals, families, and seniors in Murrieta. Anticipated completion in Spring 2025.	National Core: https://nationalcore.org/communities/oak-view-ranch/
Orange County Catholic Worker v. County of Orange, et al.	A federal lawsuit with a settlement agreement aimed to address homelessness issues and set rules for both assistance and enforcement in North and Central Orange County. The key points of the settlement are 1) anti-camping and anti-loitering ordinances; 2) shelter standards; and 3) a dispute resolution process.	U.S. Supreme Court: https://www.supremecourt.gov/DocketPDF/23/23-175/301460/20240305131505386_OC%20CORRECTED%20Amicus%20Curiae%20Brief%20-%20COMBINED%20FILE%20-%202003.05.2024.pdf
Path of Life Shelter	Offering an emergency shelter program to individuals and families in a housing crisis. Provides 90 beds to men and women, and a family shelter provides 46 beds to families with children with wraparound stabilization services. The shelter is in the city of Riverside.	Path of Life Ministries: https://www.thepathoflife.com/shelter
Permanent Local Housing Allocation Program (PLHA)	A permanent source of funding to counties and cities in California to help meet the unmet need for affordable housing and increase the supply of affordable housing units. The PLHA provides a fund for eligible housing and homelessness activities to local governments with the intention of providing a permanent, ongoing source of funding for housing-related projects and programs to assist in addressing unmet housing needs.	State of California Department of Housing and Community Development, https://www.hcd.ca.gov/
Point-in-Time (PIT) Count	An annual count of sheltered and unsheltered people experiencing homelessness that occurs on a single night each January. County Continuum of Care agencies lead the effort and submit the gathered data to HUD.	U.S. Department of Housing and Urban Development: https://www.hudexchange.info/programs/hdx/pit-hic/#2024-pit-count-and-hic-guidance-and-training
Points of Entry	A place where homeless individuals can self-seek assistance.	
Problem Oriented Policing Unit (POP)	A team of officers who are specially trained to resolve criminal activity, crimes related to narcotics, quality of life, and general nuisance issues in Menifee by proactively solving issues through creative and strategic policing methods.	City of Menifee Police Department: https://menifeepolice.org/pop/
Project Homekey	A statewide effort to sustain and rapidly expand housing for persons experiencing homelessness or at risk of homelessness. Grant funding is available to agencies to acquire hotels, motels, apartments, and other buildings to convert these properties to permanent or interim housing.	State of California Department of Housing and Community Development: https://www.hcd.ca.gov/grants-and-funding/homekey
Project Roomkey	Established in March 2020 in response to the COVID-19 pandemic with the purpose of providing non-congregate shelter options, such as hotels and motels, for people experiencing homelessness. Project Roomkey is administered locally and is in the process of determining a ramp-down schedule.	State of California Department of Social Services: https://www.cdss.ca.gov/inforesources/cdss-programs/housing-programs/project-roomkey

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Project Touch	Located in Menifee, Project Touch operates a “self-sustaining transitional housing program, and serves over 225 individuals daily.” They also operate “an annual winter shelter serving approximately 40 to 50 people nightly (December through April). Both programs provide comprehensive case management, employment assistance, transportation, food, clothing, medical assistance, and more.”	Project Touch: https://projecttouchonline.com/about-us
Proposition 10	First 5 California was established in 1998 when voters passed Proposition 10, known as the California Children and Families Act, which taxes tobacco products to fund services for children ages 0 to 5 and their families. First 5 California programs and resources are designed to educate and support teachers, parents, and caregivers in the critical role they play during a child’s first five years – to help California kids receive the best possible start in life and thrive.	First 5 California: https://www.cfc.ca.gov/about/prop_10.html
Permanent Supportive Housing (PSH)	A program to provide housing assistance (e.g., long-term leasing or rental assistance) and supportive services to assist households with at least one member (adult or child) with a disability in achieving housing stability.	U.S. Department of Housing and Urban Development: https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-program-components/permanent-housing/permanent-supportive-housing/
Rady Children’s Hospital	Serving Southern Riverside County’s regional pediatric health care and a designated pediatric trauma center, located in San Diego.	Rady Children’s Hospital: https://www.rchsd.org/
Rancho Spring Hospital / Medical Center	A 120-bed, acute-care hospital facility with an emergency department to assist all types of urgent care needs.	Southwest Healthcare: https://www.swhranchosprings.com/
Rapid Re-housing (RRH)	Short-term (up to three months) and medium-term (4 to 24 months) tenant-based rental assistance and supportive services to households experiencing homelessness.	U.S. Department of Housing and Urban Development: https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-program-components/permanent-housing/rapid-re-housing/
Regional Homeless Alliance (RHA)	A collaborative effort with the shared goal of addressing homelessness collectively and finding effective solutions within the region.	
Road Home Program	Located in Chicago, offering mental health services to veterans across the country.	National Center for Excellence for Veterans and Their Families: https://roadhomeprogram.org/
Riverside County Sheriff’s Department	Law enforcement services contracted by the Cities of Lake Elsinore, Temecula, and Wildomar.	County of Riverside Sheriff’s Department: https://www.riversidesheriff.org/
Riverside Public Housing Authority	Chartered by the State of California to administer the development, rehabilitation, or financing of affordable housing programs.	County of Riverside Housing Authority: https://harivco.org/
Riverside Transit Agency (RTA)	Established as a Joint Powers Authority, RTA is responsible for coordinating transit services and providing local and regional services that include 32 local bus routes, three CommuterLink express routes, on-demand GoMicro microtransit services, and Dial-A-Ride services in Western Riverside County.	Riverside Transit Agency: https://www.riversidetransit.com/

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Riverside University Health System (RUHS)	Provides Riverside County with behavioral health, public health, community health centers, and medical centers and services.	Riverside University Health System: https://www.ruhealth.org/
Riverside University Health System– Behavioral Health (RUHS-BH) Wellness Village	A public-private partnership to serve the County’s behavioral health needs to deliver the right level of care at the right time to prepare those serviced for a self-sustained recovery grounded in their own community.	County of Riverside Board of Supervisors March 19, 2024, Agenda Item 9.1: https://media.rivcocob.org/proceeds/2024/p2024_03_19_files/19.01001.pdf
Salvation Army, The	Serving Southwest Riverside County, The Salvation Army Murrieta Corps is committed to meeting human needs without discrimination and offers a variety of support services.	The Salvation Army, Murrieta Corps: https://murrieta.salvationarmy.org/
Senate Bill 2 – Building Homes and Jobs Act	Signed in 2017, the Building Homes and Jobs Act is aimed at addressing the state’s housing shortage and high housing costs to increase the supply of affordable homes in California and to help finance new and rehabilitated developments for low-income residents.	State of California Department of Housing and Community Development: https://www.hcd.ca.gov/grants-and-funding/programs-active/sb-2-planning-grants
Service Planning Area (SPA)	County programs, services, and resources assigned to regionally defined areas to meet community needs.	
Social Work Action Group (SWAG)	“Social Work Action Group’s (SWAG) mission is to advocate, educate and inspire marginalized individuals and families in the Inland Empire to achieve sustainable independence through community support.”	SWAG: https://www.theswag.org/home
State of California Homekey Program	Launched in 2020 in response to the effects of COVID-19 on the unhoused, and administered by the California Department of Housing and Community Development (HCD), “Homekey is an opportunity for state, regional, and local public entities to develop a broad range of housing types, including but not limited to hotels, motels, hostels, single-family homes and multifamily apartments, adult residential facilities, manufactured housing, and to convert commercial properties and other existing buildings to permanent or interim housing for the target population.”	State of California Department of Housing and Community Development: https://www.hcd.ca.gov/grants-and-funding/homekey
Street Medicine	<p>“Street medicine, or street health, is the practice of bringing health care to people experiencing unsheltered homelessness. What began in the early 1990s, with the recognition that meeting unsheltered people where they are both reduces barriers to care and builds trust, has proven to be essential in meeting the needs — including mitigating the impact of COVID-19 — of some of the highest-risk people experiencing homelessness.</p> <p>At least 25 street medicine teams operate in California. Street medicine, broadly defined, includes walking teams, medical vans, and outdoor clinics, with teams frequently extending to include outreach to shelters and other interim or permanent housing settings. Using tailored outreach and engagement strategies, street medicine programs can provide direct care outdoors to people who have not sought or do not want to seek care in traditional settings or help link people to brick-and-mortar primary care sites and housing.”</p>	California Health Care Foundation: https://www.chcf.org/project/understanding-street-medicine-programs-california/
Task Force on Homelessness (Lake Elsinore)	Created by the Lake Elsinore City Council in May 2017, the Homeless Task Force is a working group comprised of community leaders joined together to help fight and reduce homelessness.	City of Lake Elsinore: https://www.lake-elsinore.org/385/Homelessness-in-LE

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Telecare	A behavioral health services provider that focuses on delivering care to individuals with complex needs.	Telecare: https://www.telecarecorp.com/
Temecula Resource Center	“The Temecula Resource Center ensures that the most at-risk and underserved populations within the City of Temecula are connected to resources and services that improve the safety, health, and quality of life, and increase the likelihood of success for those in need and their entire family.” The Center offers case management, outreach and in-reach, limited financial assistance, life skills classes, computer access, and hygiene supplies.	City of Temecula: https://temeculaca.gov/DocumentCenter/View/7049/Temecula-Resource-Center-Brochure
Temecula Valley Hospital	Operating since 2013, the Temecula Valley Hospital provides care to those living in Riverside County and the surrounding areas.	Southwest Healthcare: https://www.swhtemeculavalley.com/
The Anchor	“The Anchor is a crisis stabilization housing complex owned by the City of Lake Elsinore and operated by Social Work Action Group (SWAG) serving chronic homeless individuals from Lake Elsinore. The Anchor has 14 separate units and can house up to 20 individuals. Each individual is selected and placed by the City’s Homeless Task Force for up to 90 days and must be thoroughly assessed prior to placement.”	SWAG: https://www.theswag.org/the-anchor
Veterans Affairs Supportive Housing (HUD-VASH)	“HUD-VASH is a collaborative program that pairs HUD’s Housing Choice Voucher (HCV) rental assistance with VA case management and supportive services. These services are designed to help homeless Veterans and their families obtain permanent housing and access the health care, mental health treatment, and other supports necessary to help them improve their quality of life and maintain housing over time.”	Veterans Affairs: https://www.va.gov/homeless/hud-vash.asp
Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)	A tool initially introduced in 2013 that allows coordinated entry systems to prioritize resources and services to the most vulnerable and most in need. There are now subpopulation-specific versions of the VI-SPDAT for single adults, families with children, and youth. A note that the creators of the VI-SPDAT are phasing out this tool. Simultaneously, HUD is moving away from promoting the VI-SPDAT and has begun a demonstration project around racial equity in the coordinated entry process.	Example assessment form/tool: https://rivcohhpws.org/sites/g/files/aldnop131/files/cocdocumnets/HMIS/VISPDAT%20Packet%20-%20Single%20Adults%20v%203_0.pdf
Western Eagle Foundation	A nonprofit located in Temecula that provides food for individuals, families, and veterans. It includes a 44,000-square-foot food bank that provides food to distributors across the Riverside, San Bernardino, and San Diego counties.	Western Eagle Foundation: https://westerneaglefoundation.org/
U.S. Department of Health and Human Services	A cabinet-level federal agency that oversees, protects, and enhances the health and well-being of all Americans by administering over 100 programs that provide essential human services. Some of the program areas administered by the department include social services, health insurance, emergency preparedness and response, and public health and safety.	U.S. Department of Health and Human Services: https://www.hhs.gov/

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U.S. Department of Housing and Urban Development (HUD)	<p>A cabinet-level federal agency created in 1965 by the Department of Housing and Urban Development Act to help individuals and families gain access to affordable and safe housing, including developing and enforcing housing and housing development policies.</p> <p>HUD's recordkeeping criteria define four categories under which individuals and families may qualify as homeless: 1) literally homeless; 2) imminent risk of homelessness; 3) homeless under other Federal statutes; and 4) fleeing/attempting to flee domestic violence.</p>	U.S. Department of Housing and Urban Development: https://www.hudexchange.info