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## INTRODUCTION

The Consolidated Plan is designed to be a collaborative process whereby the City of Hemet establishes a unified vision for community development actions. It offers the City the opportunity to shape the various housing and community development programs into effective, coordinated neighborhood and community development strategies. It also creates the opportunity for strategic planning and citizen participation to take place in a comprehensive context, and to reduce duplication of effort at the local level.

The strategic plan is a specific course of action for revitalization. It is the means to analyze the full local context and the linkages to the larger region. It builds on local assets and coordinates a response to the needs of the community. It integrates economic, physical, environmental, community and human development in a comprehensive and coordinated fashion so that families and communities can work together and thrive. A strategic plan also sets forth program goals, specific objectives, annual goals, and benchmarks for measuring progress. In so doing, it helps the City and the citizens keep track of results and learn what works.

The Consolidated Plan approach is also the means to meet the application requirements for the Community Development Block Grant (CDBG), HOME Investment Partnerships (HOME), Emergency Shelter Grant (ESG), and Housing Opportunities for Persons with AIDS (HOPWA) formula programs. This process replaces prior CPD planning and an application requirement with a single document, and satisfies the submission requirements of the four CPD formula programs for the City of Hemet.

The statutes for the formula grant programs set forth three basic goals against which the plan and the jurisdiction's performance under the plan will be evaluated by HUD. Each jurisdiction's plan must state how it will pursue these goals for all community development programs, as well as all housing programs. These statutory program goals are:

### DECENT HOUSING:

- Assisting homeless persons obtain affordable housing;
- Assisting persons at risk of becoming homeless;
- Retention of affordable housing stock;
- Increase the availability of affordable permanent housing in standard condition to low-income and moderate-income families, particularly to members of disadvantaged minorities without discrimination on the basis of race, color, religion, sex, national origin, familial status, or disability;
- Increasing the supply of supportive housing which includes structural features and services to enable persons with special needs (including persons with HIV/AIDS) to live in dignity and independence; and
- Providing affordable housing that is accessible to job opportunities.

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## A SUITABLE LIVING ENVIRONMENT:

- Improving the safety and livability of neighborhoods;
- Increasing access to quality public and private facilities and services;
- Reducing the isolation of income groups within areas through spatial deconcentration of housing opportunities for lower income persons and the revitalization of deteriorating neighborhoods;
- Restoring and preserving properties of special historic, architectural, or aesthetic value; and
- Conservation of energy resources.

## EXPANDED ECONOMIC OPPORTUNITIES:

- Job creation and retention;
- Establishment, stabilization and expansion of small businesses (including micro-businesses);
- Provision of public services concerned with employment;
- Provision of jobs to low-income persons living in areas affected by those programs and activities, or jobs resulting from carrying out activities under programs covered by the plan;
- Availability of mortgage financing for low-income persons at reasonable rates using non-discriminatory lending practices;
- Access to capital and credit for development activities that promote the long-term economic and social viability of the community; and
- Empowerment and self-sufficiency for low-income persons to reduce generational poverty in federally assisted housing and public housing.

The City of Hemet's key elements of the plan include the needs assessment, priority needs, specific objectives, and how the activities will address identified goals and objectives.

## EXECUTIVE SUMMARY

### 1. PURPOSE

The U.S. Department of Housing and Urban Development (HUD) mandates that the City of Hemet prepare a Five Year Consolidated Plan Pursuant to HUD regulations. The Consolidated Plan sets forth specific strategies to be implemented during the five-year period and how funds will be expended through the use of Community Development Block Grant (CDBG) funds that are received annually by the City. The Five-Year Consolidated Plan will cover the period of July 1, 2005 through June 30, 2010. The City anticipates receiving approximately \$800,000 annually in federal CDBG funds for each of the five years. These funds can be spent on a range of community development activities benefiting low and moderate-income households including housing, public facilities and services, infrastructure improvements, and economic development.

The Consolidated Plan consists of the following five major principals of the National Affordable housing Act (NAHA):

- i. To help families not owning a home to save for a down payment for the purchase of a home
- ii. To retain, where feasible, as housing becomes affordable to low-income families, those dwelling units produced for such purpose with Federal assistance.
- iii. To extend and strengthen partnerships among all levels of government and the private sector, including for-profit and non-profit organizations, in the production and operation of housing affordable to low-income and moderate income families
- iv. To expand and improve Federal rental assistance for very low income families.
- v. To increase the supply of supportive housing which combines structural features and services needed to enable persons with special needs to live with dignity and independence.

### 2. THE CONSOLIDATED PLAN

The 2005-2010 Consolidated Plan is the City's second Consolidated Plan. As stated in the first consolidated plan the City's priority needs are far greater than its available resources. Federal funds are maximized to the greatest extent possible by leveraging with state and local funding sources. Although the resources are limited and the need is forever increasing, the City is working toward achieving the greatest possible benefit for its community and residents.

The Consolidated Plan provides the framework for a planning process used by the City to identify housing, homeless, community and economic development needs and resources and to design a strategic plan for meeting those needs.

For citizens, the Consolidated Plan provides a way to help define priorities for addressing housing, homeless, community and economic development needs within the City of Hemet. For the City, it simplifies the steps needed to receive funds under the Community Development Block Grant (CDBG) Program. It also provides a way to measure if the activities funded with the CDBG program actually meet the needs and objectives identified by the City.

### **3. CONSULTATION**

The City consulted with adjacent jurisdictions as well as other public and private entities in developing this Consolidated Plan:

- Riverside County Housing Authority
- The County of Riverside
- Riverside County, Department of Health
- City of Hemet Planning Department
- City of Hemet Redevelopment Agency
- Non-profit organizations serving youth, elderly, homeless, and non-homeless

### **4. SOURCES FOR DEVELOPMENT**

The existing and future needs of Hemet residents form the basis for establishing program priorities and objectives. This section represents statistical information and analysis of demographic factors based on the 2000 Census data. Information was obtained from various sources including:

- State of California, Department of Finance
- California Employment Development Department
- City of Hemet Planning Department, Housing Element
- City of Hemet Redevelopment Agency Implementation Plan (AB1290)
- U.S. Census Data, 2000, 1990
- Bureau of Labor Statistics
- Southern California Association of Government (SCAG)
- Riverside County Housing Authority, Five-Year Plan
- Riverside County, Continuum of Care
- Riverside County, Five-Year Plan 2000-2004
- Riverside County, Department of Health
- County of Riverside Child Welfare Agency
- State/Local Health and Child Welfare Agency

## 5. CDBG PROGRAM DESCRIPTION

The Community Development Block Grant Program (CDBG) was created by the Housing and Community Development Act of 1974. CDBG program goals and objectives are achieved by providing grant funds to cities and urban counties who then distribute the funds to local governments and non-profit organizations for projects which construct public facilities, preserve and expand housing stock for lower income persons, stimulate the local economy and improve social services.

The primary goal of the CDBG program is to enhance the community by providing decent, safe, and sanitary housing and expanding economic opportunities, principally for persons of low and moderate income. Other objectives include the prevention of or elimination of slums and blight and meeting other community development needs of particular urgency.

Projects funded in the City of Hemet are selected on the basis of eligibility, consistency of needs with generally available data, appropriateness of proposed plans and programs to meeting the needs and objectives, coordination of mutually supportive housing assistance and community development activities, and compliance with applicable laws.

Hemet's basic program goals include:

- Providing decent affordable housing;
- A suitable living environment; and
- Expand economic opportunities.

## 6. HOME PROGRAM DESCRIPTION

The HOME Program is a federally funded grant program for housing. Funds are allocated by formula to participating jurisdictions. HOME funds allow great flexibility with respect to the types of properties to be assisted, the types of development (new construction, modest or major rehab) to be undertaken, the forms and amounts of financing to be offered, the quality and type of housing provided, the households assisted and procedures for running programs.

HOME program objectives include:

- i. Expand the supply of decent, safe, sanitary and affordable housing.
- ii. Strengthen the abilities of state and local governments to provide housing.
- iii. Assure that federal housing services, financing, and other investments are provided to state and local governments in a coordinated, supportive fashion.

## 7. EMERGENCY SHELTER GRANT PROGRAM (ESG)

The Emergency Shelter Grant Program (ESG), authorized pursuant to the Stewart B. McKinney Act, provides funding to assist, protect and improve living conditions for the homeless. This grant provides services for: renovation or conversion of

buildings for use as emergency shelters for the homeless; maintenance and operational costs associated with emergency shelters; the prevention of homelessness and the provision of essential services to the homeless.

## 8. AMERICAN DREAM DOWN PAYMENT ASSISTANCE INITIATIVE (ADDI) PROGRAM

The American Dream Down Payment Initiative (ADDI) was signed into law on 16 December 2003 under the American Dream Down Payment Act (Public Law 108-106). Funds made available under the ADDI statute will be allocated to eligible HOME program participating jurisdictions to assist low-income families become first time homebuyers. *Dec 16*

## 9. DEVELOPMENT OF THE CONSOLIDATED PLAN

The Five-Year Consolidated Plan is a profile of the City of Hemet highlighting housing and community development issues. The plan has several components, including:

- Executive Summary – A summary of the components of the Five Year Consolidated Plan and Annual Action Plan.
- Housing and Non Housing Community Development Needs Assessment – A description and estimation of housing, homeless, special population, public housing, fair housing, and community development needs.
- Housing Market Analysis – A description of significant characteristics of the housing market; and an explanation of barriers to affordable housing.
- Five-Year Strategic *Plan* – A strategic plan that identifies the projected key goals and objectives for addressing housing and community development needs for a period of five years.
- Annual Action Plan – The Annual Action plan describes the specific activities, programs, and projects that will implement the goals and objectives stated in the five-year strategy.

## 10. HOUSING AND NON-HOUSING NEEDS

### 10.1. Overcrowding

In response to higher housing prices, lower income households must often be satisfied with smaller, less adequate housing for the available money. This may result in overcrowding. Overcrowding places a strain on physical facilities and does not provide a satisfying living environment. While some families with low incomes may opt for overcrowding to derive additional income, the cost of housing usually necessitates overcrowding for many lower-income residents.

Both State and Federal Housing Law defines overcrowded housing units as those in which the ratio of persons-to-rooms exceeds 1.0. The rooms considered in this equation exclude bathrooms, kitchens, and hallways, but includes other rooms such as living and dining rooms. For example, a one-bedroom apartment with living room, kitchen, and bathroom would be considered overcrowded if it housed more than two persons. Overcrowding is often reflective of one of three conditions:

- Either a family or household is living in too small a dwelling;
- Familial household includes extended family members (i.e., grandparents or grown children and their families living with parents, termed doubling); or
- A family is renting living space to non-family members.

Whatever the cause, overcrowding is symptomatic of greater affordability issues. Some examples of when lack of affordability promotes overcrowded conditions include:

- Large households unable to afford larger dwellings that must then move into smaller than acceptable units;
- Older children wishing to leave home who are prohibited from doing so because they cannot qualify for a home loan and/or are unable to make rental payments; or
- Grandparents or elders on fixed incomes who are unable to afford housing suitable for their physical handicaps, and must often move in with their grown children and families.

According to the 2000 Census, 1,874 Hemet households were living in overcrowded conditions, 7.4 percent of all City households. The majority of the households living in such conditions are renters 66.5 percent.

## **10.2. Substandard Housing Conditions**

Substandard housing units may consist of the following: structural hazards, inadequate maintenance, overcrowding, bad wiring, plumbing, fire hazards, structural hazards, and/or inadequate sanitation. In addition, aging and physical deterioration of existing housing units are ongoing problems.

The greatest number of units needing rehabilitation appears in transition areas where single family areas are giving way to multiple family or commercial uses.

With Hemet's high vacancy rate and a significant increase in the population projected for the next five years, the projected demand to recycle and rehabilitate sub-standard units would appear to be a considerable need.

### 10.3. Overpayment

Overpayment refers to renters and homeowners who must pay more than 30 percent of their gross incomes for shelter. An overly high cost of housing eventually causes fixed-income, elderly and lower income families to use a disproportionate percentage of their income for housing.

State housing policy recognizes that cooperative participation of the private and public sectors is necessary to expand housing opportunities to all economic segments of the community. A primary State goal is the provision of decent housing and suitable living environment for Californians of all economic levels.

### 10.4. Special Needs Groups

Certain categories of households typically experience difficulty in securing decent, affordable housing, and are not well guarded under market conditions. The needs of the elderly, handicapped, large families, female heads of household, the homeless and farm workers are summarized below:

- Elderly Persons
- Large Families
- Disabled Persons
- Homeless Population
- Farm Workers
- PERSONS LIVING WITH HIV/AIDS

## 11. CONTINUUM OF CARE (CoC)

The City of Hemet falls under the umbrella of the Riverside County Continuum of Care (CoC). Preparation of the CoC report was derived from the growing needs of the homeless population in Riverside County. The (COC) process began in 1994 in order to provide a seamless delivery of facilities and services for homeless persons at each step of the transition from living on the street, to permanent and sustained, independent living. The continuum consists of four components:

- a) Outreach and Assessment
- b) Emergency Shelters with Supportive Services
- c) Transitional Housing with Supportive Services; and
- d) Permanent and Affordable Housing

The CoC approach established a comprehensive foundation for a service delivery system that provides a balance of the four components of the Continuum of Care System to move homeless persons and families into the mainstream of society.

Because of the unique demographic needs of the homeless population within the County of Riverside, four regions have been established; Hemet is located in Region C.

## **12. HOUSING MARKET ANALYSIS**

### **12.1. GENERAL CHARACTERISTICS**

Hemet is located in western Riverside County. It has historically been known as a retirement community, but has been steadily changing toward a more balanced mix of full-time residents.

#### **12.1.1. Population Trends and Characteristics**

The purpose of this section is to illustrate Hemet's current conditions in terms of its demographics and existing housing stock. Accordingly, the section entails discussions on Hemet's population and housing trends by looking at the most current data, at the time the document is prepared, and earlier data to make comparisons between time periods to reflect on the current state of the City and its future direction.

Riverside County ranked as one of the fastest growing counties in California between 1990 and 2000, with a population increase of 32 percent compared to statewide growth of 13 percent. By comparison, Hemet grew by 22,718 residents or 63 percent during the decade, reflecting its status as a rapidly expanding community.

#### **12.1.2. Age Composition**

Age distribution is an important factor in determining housing demands. Traditional assumptions are that the young adult population (19 to 34 years old) tends to favor, or can only afford apartments, low to moderate cost condominiums, and smaller single-family units. The adult population (35 to 65 years old) provides the major market for moderate to high-end apartments, condominiums, and single-family homes. This age group tends to have higher incomes and larger household sizes. The senior population (65 years and older) tends to generate demand for low to moderate cost apartments, condominiums, group quarters, and manufactured homes. Some seniors may also live in older, larger houses that once housed the entire family.

Based on 2000 Census data, 70.2 percent of the City's population was of ages 25 and older, of which 33 percent of the total population was of ages 65 and older. The under 18 and 18-24 age groups represented 22.6 percent and 7.2 percent respectively.

### **12.1.3. Race and Ethnicity**

The U.S. Census provides statistics regarding the race and ethnicity of a city's population. Although there are a substantial percentage of minority residents in Hemet, the City is primarily comprised of persons classified as "White". It should be noted that persons of Hispanic Origin are included within the various ethnic categories, and may be of any race. In 2000, about 19.5 percent of the City's population was non-White. Hispanic residents (of any race), however, represented 23.1 percent of the total population in 2000, followed by residents identifying themselves as "Some other race alone" at 10.6 percent of total City population.

## **12.2. EMPLOYMENT CHARACTERISTICS**

According to the Census, the City had 16,958 employed persons in 2000. The 2000 census indicates that the largest proportion of jobs in the City were in the education/health/social services sector (22 percent), followed by the retail sector (17 percent).

## **12.3. HOUSEHOLD CHARACTERISTICS**

Before the current housing problems can be understood and future needs anticipated, housing occupancy characteristics need to be identified in the City. The following is an analysis of household size, household growth, tenure, and vacancy trends. By definition, a "household" consists of all the people occupying a dwelling unit, whether or not they are related. A single person living in an apartment is a household, just as a couple with two children living in the same dwelling unit is considered a household.

## **12.4. HOUSING INVENTORY AND MARKET CONDITIONS**

This section summarizes the housing inventory in the City of Hemet and prevailing market conditions. Analysis of past trends in the housing stock provides a method of projecting the future housing needs of Hemet.

### **12.4.1. Housing Stock Profile**

According to the 1990 Census, there were a total of 19,692 housing units in the City. The total number of housing units in the City increased by 9,772 units between 1990 and 2000.

In 2000, single-family detached housing comprised 40.3 percent of housing units in Hemet, while single family attached housing accounted for 5.9 percent of housing units. Residential properties with two to four units comprised 7.2 percent of housing units in Hemet, while multi-family developments with five or more units comprised 15.1 percent of the housing. Mobile homes comprised

28.1 percent of the housing units. Multi-family housing typically provides the largest source of both rental and affordable homeownership opportunities in a community.

#### **12.4.2. Tenure**

In 2000, 64.2 percent of occupied units were owner occupied, and 35.8 percent were renter occupied. Of note, 25 percent of all housing units in the city were mobile homes, which represent a significant moderate cost housing resource.

#### **12.4.3. Vacancy Rates**

The vacancy rate is a measure of the general availability of housing. It also indicates how well the available units meet the current housing market demand. A low vacancy rate suggests that households may have difficulty finding housing within their price range; a high vacancy rate may indicate either the existence of a high number of units undesirable for occupancy, or an oversupply of housing units.

Figures from the 2000 Census show that approximately 4,198 units were vacant, which correlates to 14.3 percent of the total housing stock. The majority of vacant units in the City were two bedroom units, followed by zero to one bedroom units. The data shows that Vacant Units for Rent comprise 7.3 percent of Hemet's housing stock, and Vacant Units for Sale represent 1.8 percent of all units in the City. These categories are considered the "traditional" vacancy in a housing market. An additional 5.2 percent of the total housing stock is considered vacant – other.

#### **12.4.4. Age of Housing Stock**

Age is one measure of housing stock condition and a factor for determining the need for rehabilitation. Without proper maintenance, housing units deteriorate over time. Thus, units that are older are likely to be in need of major repairs, such as a new roof or plumbing. As a general rule of thumb, houses 30 years or older are considered aged and are more likely to require major repairs. In addition, older houses may not be built to current housing standards for fire, earthquake safety, and energy efficiency.

According to the 2000 Census, the highest rate of construction occurred in Hemet in the 1970s, accounting for 30.8 percent of the existing housing stock. The 1980s was another active period of housing construction in Hemet, accounting for 29.2 percent of existing units. About one-fifth of Hemet's housing units were built

prior to 1969 and are at least 35 years old. Seventeen percent of the City's stock was developed from 1990 to March 2000.

Over one-fifth of the city's housing units were built prior to 1970, thereby reflecting that a large proportion of the units are over 30 years of age. This indicates that a large proportion of the city's housing units are at the age where significant maintenance may be necessary, and programs designed to assist homeowners in the maintenance and rehabilitation of units will be essential.

#### **12.4.5. Substandard Housing**

Housing is considered substandard when physical conditions are determined to be below the minimum standards of living, as defined by Section 1001 of the Uniform Housing Code. A housing unit is considered substandard if any of the following conditions exist:

- Inadequate sanitation
- Structural hazards
- Nuisances
- Faulty weather protection
- Fire hazards
- Inadequate maintenance
- Overcrowding
- Hazardous wiring, plumbing or mechanical equipment

Households living in substandard conditions are considered as being in need of housing assistance even if they are not actively seeking alternative housing arrangements. In addition to structural deficiency and standards, the lack of certain infrastructure and utilities often serves as an indicator of substandard conditions. There were 81 owner-occupied units (0.5 percent) and 100 rental units (1.1 percent) lacking complete plumbing facilities, and 56 owner-occupied units (0.3 percent) and 243 rental units (2.7 percent) lacking complete kitchen facilities.

### **12.5. HOUSING COSTS AND RENTS**

#### **12.5.1. Existing and New Home Price Trends**

The City of Hemet, as the rest of Southern California, experienced a drop in home prices in the early 1990s following a price peak in 1989/90. Since the recession of the early 1990s, market prices are continuing to rise, with a 2004 median sales price for single-family homes ranging between \$190,000 and \$250,000, and from \$110,000 to \$155,000 for condominiums.

### **12.5.2. Rents**

The rent distribution by unit size based on 2000 Census data shows that the largest number of rentals was a 2-bedroom unit, with nearly as many one-bedroom units available. Further analysis indicates that about 38 percent of all apartment units in Hemet rented for between \$500 and \$749.

### **12.5.3. Affordability Gap Analysis**

The costs of home ownership and renting can be compared to a household's ability to pay for housing, based on the 2004 HUD median income of \$54,300 for the Riverside County area.

In the case of purchase, the 30 percent threshold includes payment on principal and interest, and an assumed 1.25 percent allocation for taxes and homeowner insurance. In actuality, taxes and insurance may sometimes exceed the assumed 1.25 percent. A 10 percent down payment and a 6.5 percent interest rate is assumed, reflecting 2005 market conditions.

Despite the relatively affordable housing stock in the City, there is an inadequate supply of affordable housing for very low-income and large families. Multi-family housing is the primary source of affordable housing in most communities. Apartment units in Hemet are concentrated in one and two -bedroom units, with some studio units available. Therefore, there are relatively few apartments in the City appropriately sized for larger families.

With regard to home purchase opportunities in Hemet, data indicate that housing purchase opportunities in the City are quite limited for low- and very-low-income households. Smaller households at the lower end of the low-income range will have a limited selection of units from which to choose. However, the supply of mobile and manufactured homes provides a relatively affordable source of housing for households of modest means. Those in the moderate and above moderate-income category are generally well served by the housing market, particularly above moderate-income households.

## **13. CITIZEN PARTICIPATION PLAN/PROCESS**

The City of Hemet developed a detailed citizen participation plan that provides for, and encourages citizen participation emphasizing participation by persons of low- or moderate-income, particularly residents of predominantly low- and moderate-income neighborhoods, slum or blighted areas, and areas in which the City proposes to use CDBG funds. The plan provides citizens with reasonable and timely access to local meetings, an opportunity to review proposed activities and to

review program performance; provide for timely written answers to written complaints and grievances; and identify how the needs of non-English speaking residents will be met in the case of public hearings where non-English speaking residents can be reasonably expected to participate.

Hemet Citizen Participation principle stakeholders are:

- The Citizens;
- The City Council,
- The Finance Department, Community Development, Planning and Building, the Redevelopment Agency
- The Council Advisory Committee, and
- Non-profit agencies

Hemet begins the citizen participation process in December, when the City's Finance Department notices the general public and other city departments of the beginning of the Community Development Block Grant (CDBG) funding cycle. The Finance Department works with a city council Advisory Committee (CAC) to provide public service agencies the opportunity to express particular needs to the committees. The CAC and the community are advised of the purpose, date, time and location of each meeting. City departments are also provided the opportunity to participate in these meetings.

Announcements of the citizen participation meetings are distributed through newspapers, television and the Hemet library. In most cases where residents of a community speak or read a language other than English, notices are distributed in Spanish.

Citizens and public service agencies are notified to encourage citizen participation, with particular emphasis on participation by residents of extremely low, very low, and low-income neighborhoods.

The Citizen Participation Plan sets forth a summary of the City of Hemet's policies and procedures for citizen participation that include:

### **13.1. Publication Requirements**

Publication requirements are meant to provide for and encourage citizen participation.

### **13.2. Consolidated Plan**

The City will publish a summary of the proposed Consolidated Plan in a paper of general circulation as a display advertisement. The published summary will describe the following items:

- ii. Contents and purpose of the Consolidated Plan; and

- iii. List of the locations where the copies of the entire draft Consolidated Plan may be examined

The draft Consolidated Plan and draft Annual Action Plan will be available for public review for a minimum of 30 days. In addition, copies of the entire draft Consolidated Plan will be available for public review at Hemet City Civic Center, Finance Department, 445 East Florida, Hemet, California 92543 and the Hemet Library.

## 14. FIVE YEAR STRATEGIC PLAN

### 14.1. AFFORDABLE HOUSING

- GOAL 1** INCREASE THE CITY'S SUPPLY OF AFFORDABLE HOUSING THROUGH IMPLEMENTING BEAUTIFICATION AND REVITALIZATION OF FOUR IDENTIFIED BLIGHTED NEIGHBORHOODS.
- GOAL 2** REHABILITATE THE CITY'S SINGLE FAMILY HOUSING UNITS THROUGH HOME REPAIR PROGRAMS FOR SENIORS AND VERY- LOW AND LOW INCOME FAMILIES.
- GOAL 3** PROVIDE DOWN PAYMENT ASSISTANCE TO ELIGIBLE LOW- AND MODERATE-INCOME FIRST-TIME HOMEBUYERS.
- GOAL 4** ENHANCE THE BEAUTIFICATION AND CRIME AWARENESS OF LOW AND MODERATE INCOME NEIGHBORHOODS THROUGH CODE ENFORCEMENT, REHABILITATION, and POLICE SERVICES.
- GOAL 5** PROVIDE FAIR HOUSING SERVICES FOR INDIVIDUALS SEEKING LANDLORD/TENANT COUNSELING.
- GOAL 6** PROVIDE PUBLIC HOUSING SERVICES FOR INDIVIDUALS SEEKING RENTAL ASSISTANCE.
- GOAL 7** INCREASE MINORITY HOMEOWNERSHIP

**14.2. HOMELESSNESS**

**GOAL 1** SUPPORT NON-PROFIT AGENCIES AND CITY-OPERATED PROGRAMS THAT PROVIDE ASSISTED HOUSING, SERVICES AND/OR EMERGENCY SHELTER TO ASSIST HOMELESS PERSONS/FAMILIES OR THOSE AT RISK OF BECOMING HOMELESS.

**GOAL 2** MAINTAIN A CONTINUUM OF CARE STRATEGY TO AID HOMELESS PERSONS AND FAMILIES TRANSITION TO PERMANENT HOUSING.

**GOAL 3** STRIVE TO END CHRONIC HOMELESSNESS BY 2012.

**14.3. NON HOUSING COMMUNITY DEVELOPMENT STRATEGY****14.3.1. YOUTH**

**GOAL 1** PROVIDE SUPPORT SERVICES FOR YOUTH AND AT-RISK YOUTH.

**14.3.2. FRAIL ELDERLY**

**GOAL 1** CONTINUE TO SUPPORT AND ASSIST FRAIL ELDERLY CITIZENS THROUGH OUTREACH SERVICES TO SUPPORT THEIR WELL-BEING AND ENABLE THEM TO MAINTAIN INDEPENDENCE.

**14.3.3. PERSONS WITH DISABILITIES (Including person with HIV/AIDS)**

**GOAL 1** PROVIDE SUPPORTIVE SERVICES FOR THE PHYSICALLY DISABLED.

**GOAL 2** PROVIDE SUPPORTIVE SERVICES FOR PERSONS WITH HIV/AIDS

**14.3.4. PERSONS WITH OTHER SPECIAL NEED**

**GOAL 1** PROVIDE PUBLIC SERVICE ACTIVITIES FOR LOW AND MODERATE-INCOME PERSONS, AND PERSONS OF SPECIAL NEED WITHIN THE CITY.

#### 14.4. PUBLIC FACILITIES

**GOAL 1** PROVIDE IMPROVEMENT TO PUBLIC FACILITIES TO MEET COMMUNITY NEEDS FOR COMMUNITY RECREATION CENTERS, SENIOR CENTERS, HEALTH CENTERS, AND PUBLIC SERVICE FACILITIES THROUGH DESIGN AND CONSTRUCTION.

##### 14.4.1. INFRASTRUCTURE

**GOAL 2** IMPROVE EXISTING INFRASTRUCTURE INCLUDING ADA IMPROVEMENTS THROUGH DESIGN AND CONSTRUCTION.

#### 14.5. ECONOMIC DEVELOPMENT

**GOAL 1** RETAIN AND EXPAND THE CITY'S ECONOMIC OPPORTUNITIES TO PRINCIPALLY LOW INCOME PERSONS THROUGH JOB CREATION AND RETENTION BY STABILIZING AND EXPANDING SMALL BUSINESSES.

**15. ANNUAL ACTION PLAN**

Hemet expects to receive an annual allocation of \$796,003, in Community Development Block Grant (CDBG) funds awarded by the Department of Housing and Urban Development (HUD). In order to expend CDBG funds HUD requires the City to prepare an annual budget that articulates how the City intends to address the goals and quantifiable objectives established in Hemet's 2005-2010 Consolidated Plan. CDBG program regulations allow Hemet to allocate up to fifteen (15) percent (\$119,401) for eligible public service activities; sixty-five (65) percent (\$517,401) for eligible capital improvement projects; and twenty (20) percent (\$159,201) to administer the CDBG program. The proposed annual CDBG budget is as follows:

<b><u>2005-2006 CDBG PROPOSED BUDGET</u></b>	
<b>CDBG Program Administration (20%)</b>	<b>\$159,201</b>
Inland Fair Housing and Mediation Board ( <i>Redevelopment</i> )	\$ 25,500
<b>Public Services (15%)</b>	
Alternative to Domestic Violence	\$3,500
Assistance League of Hemacinto	\$3,500
Blindness Support Services	\$3,000
California Family Life Center	\$3,000
Care-A-Van Transportation	\$3,500
Central County United Way – RSVP	\$2,500
Central County Untied Way (Foster Parent Program)	\$3,500
Community Pantry	\$2,500
Fire Department Explorer Program	\$6,000
Hemet/San Jacinto Center Against Sexual Assault (CASA)	\$2,500
La Vista Alcoholic/Drug Recovery Center	\$2,500
Mayor's Youth Advisory Council	\$4,500
PAL (Police)	\$12,400
Police Neighborhood Watch/Business Watch/Crime Prevention Program	\$2,000
Police Explorer Program	\$5,000
Police Volunteer Program	\$2,000
Riverside County Youth Museum (Administration)	\$30,000
Salvation Army	\$3,000
T.H.E. Center, Inc. – Shooting Star Ranch	\$4,500
Valley Restart Shelter	\$5,000
Valley Wide Recreation (Peer Oriented Adolescents Substance Abuse Program)	\$2,500
Valley-Wide Recreation (Scholarship)	\$2,500
Valley-Wide Recreation (SAVE)	\$10,000
<b>Total</b>	<b>\$119,400</b>
<b>Capital Improvements (65%)</b>	
Design and Construction of Sidewalk/Access Ramps (Downtown)	\$ 89,712
Senior Citizen Minor Home Repair	\$20,000
EXCEED	\$10,000
Fire Department Access Defibrillator Program	\$9,690
Fire Station 1 (Ladder Truck Purchase)	\$150,000
Riverside County Youth Museum (Air Conditioning/Heating)	\$25,000
Simpson Center (Overhead speaker/Sound System)	\$10,000
Simpson Center (Carpet Replacement)	\$8,000
Seismic Retrofit	\$75,000
Code Enforcement	\$120,000
<b>Total</b>	<b>\$517,402</b>
<b>Grand Total</b>	<b>\$796,003</b>

## **16. CONSULTATION WITH OTHER JURISDICTIONS**

As part of the development process for the Annual Action Plan, Hemet consulted with other public and private agencies that provide assisted housing, health services, and social services. The City also consulted with adjacent units of general local government and the local public housing authority. The input of private agencies that provide housing and supportive services is solicited through the previously described citizen participation process. The City's Council Advisory Committee (CAC) meetings included discussion with public and private organizations regarding the development of the Five Year Consolidated Plan and the Annual Action Plan.

## **17. LEAD AGENCY**

The Finance Department is the lead agency responsible for overseeing the administration of federal programs in the City of Hemet. This responsibility includes the development of the Consolidated Plan and Annual Action Plan and the Consolidated annual Performance and Evaluation Report (CAPER). Staff from the Finance Department, Community Development, Public Works, and the Fire and Police departments participated in the development of the 2005-2010 Consolidated Plan and Annual Action Plan.

## **18. PUBLIC COMMENT PERIOD**

Draft copies of the 2005-2010 Consolidated Plan and 2005-2006 Annual Action Plan will be available for public review for a minimum of thirty (30) days. Copies of the draft Plans will be available for public review beginning April 12, 2005 through May 12, 2005 at Hemet City Civic Center, Finance Department, 445 East Florida, Hemet, California 92543, and the Hemet Library. The City encourages citizen comments to be submitted in writing no later than May 12, 2005.

## **19. SUBMISSION TO HUD**

The Five Year Consolidated Plan and Annual Action Plan is required to be submitted to the United States Department of Housing and Urban Development (HUD) at least 45 days before the beginning of a new program year. Since Hemet operates on a program year from July 1, through June 30, the Five Year Consolidated Plan and Annual Action Plans are due to HUD no later than May 17, 2005.

## PART I HOUSING AND HOMELESS NEEDS ASSESSMENT

### 1. NEEDS ASSESSMENT RATIONAL

The rationale of the survey was designed to collect data on a "priority-need" basis as defined by the United States Department of Housing and Urban Development (HUD). The Need level was rated from 1 to 4 with one (1) being the lowest priority and four (4) being the highest priority.

<i>High Priority:</i>	Activities to address this need will be funded by the City during the coming five-year period.
<i>Medium Priority:</i>	If funds are available; activities to address this need may be funded during the five-year period
<i>Low Priority:</i>	The City will not fund activities to address this need during the five-year period
<i>No Such Need:</i>	No need, or the city shows that this need is already substantially addressed

Surveys were circulated via United States Postal Service. To increase the rate of return, a self-addressed stamped envelope was included with the survey. The City also made surveys available at the Hemet Library, the Simpson Senior Center and also on the City's website. A notice was advertised to the community regarding the availability of the surveys. Citizens were able to respond to the survey via the Internet.

Overall, the City distributed a total of 1,438 surveys all throughout the City of Hemet. Three Hundred Twenty-four (324) surveys were returned for a response rate of 22.5 percent.

When analyzing the survey results, each "Need" was given a percentage breakdown and listed from the highest percentage to the lowest percentage according to the highest priority scale. TABLE 1 provides the percentage breakdown for each community need.

When asked what the respondents believed to be a 'high' priority-need, 'Drainage Improvements' (55.2 percent) received the highest priority. Approximately 50.3 percent of the respondents believed 'Health Care Facilities' was a high priority need while 49.7 percent considered 'Fire Stations & Equipment' a high priority.

**TABLE 1  
COMMUNITY NEEDS**

<b>Community Priority Need</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>No Response (NR)</b>
Drainage Improvements	55.2 %	21.0 %	8.3 %	5.3 %	10.2 %
Health Care Facilities	50.3 %	26.2 %	6.8 %	6.8 %	9.9 %
Fire Stations & Equipment	49.7 %	28.1 %	7.1 %	4.9 %	10.2 %
Anti-Crime Programs	47.5 %	27.8 %	9.3 %	3.7 %	11.7 %
Health Services	43.5 %	29.7 %	11.4 %	4.3 %	11.1 %
Street/Alley Improvement	43.2 %	23.8 %	15.7 %	4.6 %	12.7 %
Neglected/Abused Children Centers & Services	42.6 %	29.3 %	8.6 %	6.8 %	12.7 %
Energy Efficient Improvements	39.8 %	25.6 %	11.4 %	6.5 %	16.7 %
Water/Sewer Improvement	39.5 %	25.9 %	16.0 %	5.6 %	13.0 %
Job Creation/Retention	37.6 %	27.8 %	13.0 %	5.9 %	15.7 %
Street Lighting	35.8 %	27.5 %	17.9 %	6.8 %	12.0 %
Cleanup of Abandoned Lots and Buildings	35.8 %	28.4 %	16.7 %	4.9 %	14.2 %
Youth Activities	32.4 %	37.0 %	10.2 %	6.2 %	14.2 %
Employment Training	32.3 %	32.6 %	12.3 %	8.1 %	14.8 %
Transportation Services	32.1 %	29.0 %	19.2 %	8.0 %	11.7 %
Youth Centers	31.8 %	33.0 %	13.6 %	8.0 %	13.6 %
Trash & Debris Removal	31.8 %	31.5 %	18.5 %	5.9 %	12.3 %
Code Enforcement	31.5 %	26.2 %	17.9 %	9.0 %	15.4 %
Affordable Rental Housing	30.9 %	22.2 %	18.5 %	12.7 %	15.7 %
Sidewalk Improvement	30.2 %	28.1 %	19.8 %	8.3 %	13.6 %
Fair Housing	28.7 %	22.2 %	16.0 %	12.4 %	20.7 %
Homeless Shelters/ Services	27.5 %	26.2 %	17.0 %	16.7 %	12.6 %
Centers/Services for Disabled	27.2 %	29.6 %	20.4 %	10.2 %	12.6 %
Senior Housing	25.9 %	26.5 %	19.5 %	10.8 %	17.3 %
Senior Centers	25.6 %	23.8 %	25.6 %	13.9 %	11.1 %
Parks and Recreational Facilities	24.7 %	31.2 %	19.8 %	10.2 %	14.2 %
Start Up Business Assistance	24.1 %	26.2 %	22.2 %	10.5 %	17.0 %
Mental Health Services	23.8 %	31.5 %	19.1 %	9.9 %	15.7 %
Small Business Loans	23.2 %	26.2 %	23.2 %	8.9 %	18.5 %
Substance Abuse Services	22.8 %	30.9 %	16.7 %	11.4 %	18.2 %
Senior Activities	22.2 %	31.8 %	22.9 %	11.7 %	11.4 %
Housing for Disabled	21.6 %	32.1 %	18.2 %	10.5 %	17.6 %
Child Care Activities	20.7 %	31.5 %	19.1 %	12.0 %	16.7 %
Child Care Centers	20.4 %	29.9 %	19.1 %	13.3 %	17.3 %
Parking Facilities	20.4 %	25.0 %	26.2 %	11.7 %	16.7 %
Homeownership Assistance	20.4 %	27.5 %	21.9 %	9.2 %	21.0 %
Commercial/Industrial Rehabilitation	19.5 %	29.9 %	22.8 %	9.3 %	18.5 %
Community Centers	19.4 %	27.5 %	22.5 %	12.4 %	18.2 %
Streetscapes	19.4 %	20.7 %	26.2 %	16.1 %	17.6 %
Domestic Violence Services	19.1 %	36.7 %	17.3 %	9.6 %	17.3 %
Legal Services	18.8 %	27.2 %	25.0 %	13.9 %	15.1 %
Residential Historic Preservation	18.8 %	21.0 %	20.1 %	19.7 %	20.4 %
Accessibility Improvements	17.3 %	24.7 %	27.8 %	12.9 %	17.3 %
Residential Rehabilitation	17.3 %	32.4 %	21.9 %	9.9 %	18.5 %
Non-Residential Historic Preservation	17.3 %	16.3 %	24.1 %	21.9 %	20.4 %
Single Family Housing	16.7 %	28.4 %	25.3 %	10.2 %	19.4 %
Lead Based Paint Test/ Abatement	16.4 %	22.8 %	20.4 %	20.0 %	20.4 %
Façade Improvements	15.4 %	26.2 %	27.2 %	12.0 %	19.2 %
HIV/AIDS Centers & Services	12.7 %	22.5 %	26.5 %	16.7 %	21.6 %
Business Mentoring	12.7 %	24.4 %	25.9 %	14.8 %	22.2 %
Libraries	11.1 %	20.1 %	20.0 %	24.7 %	24.1 %
Tree Planting	10.8 %	27.2 %	32.1 %	14.8 %	15.1 %
Large Family Housing	10.8 %	25.6 %	27.5 %	15.1 %	21.0 %

## 2. EXISTING HOUSING NEEDS

### 2.1. THE REGIONAL HOUSING NEEDS ASSESSMENT

The SCAG region, which includes Orange, Los Angeles, Riverside, San Bernardino, Ventura and Imperial counties, has a population of approximately 16 million persons. Using even a modest assumption of a two percent annual population increase, demographers estimate that the SCAG region will grow by more than 6 million people between 1997 and 2020. Even if there was no migration to these areas, because of births alone, 5 million people will be added.

The Regional Housing Needs Assessment (RHNA) is a key tool for SCAG and its member governments to plan for this growth. The RHNA quantifies the need for housing within each jurisdiction between 1998 and 2005. Through Hemet's Housing Element in the General Plan the City will address these needs. The RHNA does not necessarily encourage or promote growth, but rather allows the City to anticipate growth, so that it can grow in ways that enhance quality of life, improve access to jobs, transportation, and housing, and not adversely impact the environment.

The RHNA is completed periodically by SCAG and its counterparts in other parts of the state, as mandated by State law. It consists of two measurements of housing need:

1. Existing need, and
2. Future need

The existing need assessment simply examines key variables from the most recent Census to measure ways in which the housing market is not meeting the needs of current residents. These variables include the number of low-income households paying more than 30 percent of their income for housing, as well as severe overcrowding.

The future need for housing is determined primarily by the forecasted growth in households in a community. Each new household, created by a child moving out of a parent's home, by a family moving to a community for employment, and so forth, creates the need for a housing unit. The housing need for new households is then adjusted to account for an ideal level of vacancy needed to promote housing choice, moderate cost and acceptable levels of housing upkeep and repair. In the SCAG region, many communities currently have more than the ideal number of vacancies, and thereby the vacancy adjustment is, in those cases, subtracted from the total housing need. Finally, a second adjustment is made to account for units expected to be lost due to demolition, natural disaster, or conversion to non-housing uses. The sum of these factors, household growth, vacancy need (generally a negative number), and replacement need, form the construction need for a community.

To project growth, demographers examine historical growth patterns, job creation, household formation rates, and other factors to estimate how many households will be added to each community within a certain time period.

Finally, the RHNA considers how each jurisdiction might grow in ways that will decrease the concentration of low-income households in certain communities. The need for new housing is distributed among income groups so that each community moves closer to the regional average income distribution.

SCAG's goal for the RHNA cycle is to make the RHNA useful and understandable for communities. There are also collections of case studies, housing best practices, and sample Housing Elements, so that local elected officials and planners can put RHNA numbers to use in a well-considered way. The RHNA helps to ensure that, as Southern California continues to evolve, it will change for the better.

In 2000, the Southern California Association of Governments (SCAG) presented the Regional Housing Needs Assessment (RHNA) for Hemet. The RHNA analyzed the existing unmet housing needs of the County as of 2000. The assessment then projected the number of new housing units that would be required to meet the need of each representative income category from 1998 to 2005. The results of this analysis were used to determine the overall housing need for the aforementioned seven and one-half year period. Two sub regional councils of governments including the Western Riverside Council of Governments and Coachella Valley Association of Governments represent the City of Hemet.

State Law required Hemet to estimate the maximum number of units that can be constructed within the planning period according to income group. The City was required to have completed a Housing Element as part of their 2005 General Plan updates summarizing a stated set of objectives, policies and programs that included quantified objectives for the 2000-2005 Housing Element cycle.

The sources that were used in this report was based on the most current data available, and includes the 2000 United States Census Population, 2000 CHAS Data based from the 2000 Census, and the State Department of Finance statistics (DOF). The current figures were compared to the earlier population trends where available to show the growth of each city. The figures for the years 1999 to 2004 have been updated based on data provided from SCAG April 1998–2005 Growth Forecast. The RHNA completed by SCAG projected the number of new units that would be constructed through 2005.

Tables 2 and 3, below, examines the SCAG Regional Share Needs for each CDBG cooperating city by income level, household size, and projected population size from 2000 to 2010.

**TABLE 2  
CONSTRUCTION NEEDS**

Jurisdiction is		County is
HEMET		Riverside
Draft Construction Need (11/99)	3,321	
Reduction Per Local Revision Request (4/00)	0	
Reduction Per Appeal (8/00)	0	
Redistributed Units	0	
<b>ADOPTED FINAL CONSTRUCTION NEED</b>	<b>3,321</b>	

**FINAL ADOPTED NUMBERS BY INCOME**

Income Category	Draft (11/99)	Adopted (11/00)
Very Low Income	930	764
Low Income	565	498
Moderate Income	730	730
Above Moderate Income	1,096	1,329
<b>Total</b>	<b>3,321</b>	<b>3,321</b>

**TABLE 3  
CITY OF HEMET**

Income Level (% of Median)	Less than 30%	30 to 50%	50 to 80%	80 to 95%	Greater than 95%	Total
<b>All Households</b>						
Renters	2,066	1,913	2,500	808	2,264	9,548
Owners	2,239	2,857	3,674	1,294	5,738	15,800
<b>Total Households:</b>	<b>4,304</b>	<b>4,769</b>	<b>6,173</b>	<b>2,102</b>	<b>8,002</b>	<b>25,348</b>
<b>Households with any Problems</b>						
Renters	1,631	1,568	1,431	245	340	5,214
Owners	1,192	1,047	705	211	461	3,614
<b>Total Households:</b>	<b>2,823</b>	<b>2,615</b>	<b>2,136</b>	<b>455</b>	<b>800</b>	<b>8,827</b>
<b>Households with Overpayment</b>						
Renters	1,618	1,530	1,198	128	159	4,630
Owners	1,192	1,047	705	191	461	3,594
<b>Total Households:</b>	<b>2,810</b>	<b>2,577</b>	<b>1,902</b>	<b>318</b>	<b>619</b>	<b>8,223</b>
<b>Households with Overcrowding</b>						
Renters	297	254	205	106	147	1,007
Owners	8	35	124	32	65	262
<b>Total Households:</b>	<b>304</b>	<b>289</b>	<b>328</b>	<b>138</b>	<b>211</b>	<b>1,269</b>

## 2.2. OVERCROWDING

In response to higher housing prices, lower income households must often be satisfied with smaller, less adequate housing for the available money. This may result in overcrowding. Overcrowding places a strain on physical

facilities and does not provide a satisfying living environment. While some families with low incomes may opt for overcrowding to derive additional income, the cost of housing usually necessitates overcrowding for many lower-income residents.

Both State and Federal Housing Law defines overcrowded housing units as those in which the ratio of persons-to-rooms exceeds 1.0. The rooms considered in this equation exclude bathrooms, kitchens, and hallways, but includes other rooms such as living and dining rooms. For example, a one-bedroom apartment with living room, kitchen, and bathroom would be considered overcrowded if it housed more than two persons. Overcrowding is often reflective of one of three conditions:

- Either a family or household is living in too small a dwelling;
- Familial household includes extended family members (i.e., grandparents or grown children and their families living with parents, termed doubling); or
- A family is renting living space to non-family members.

Whatever the cause, overcrowding is symptomatic of greater affordability issues. Some examples of when lack of affordability promotes overcrowded conditions include:

- Large households unable to afford larger dwellings that must then move into smaller than acceptable units;
- Older children wishing to leave home who are prohibited from doing so because they cannot qualify for a home loan and/or are unable to make rental payments; or
- Grandparents or elders on fixed incomes who are unable to afford housing suitable for their physical handicaps, and must often move in with their grown children and families.

According to the 2000 Census, 1,874 Hemet households were living in overcrowded conditions, 7.4 percent of all City households. The majority of the households living in such conditions are renters 66.5 percent. Table 4 describes overcrowding among Hemet renters and owners in 2000.

**TABLE 4**  
**HOUSEHOLDS WITH OVERCROWDING**

	Households	%
Total:	25,266	100.0%
Owner occupied:	16,229	64.2%
0.50 or less occupants per room	12,743	50.4%
0.51 to 1.00 occupants per room	2,859	11.3%
1.01 to 1.50 occupants per room	257	1.0%
1.51 to 2.00 occupants per room	243	1.0%
2.01 or more occupants per room	127	0.5%
Renter occupied:	9,037	100.0%
0.50 or less occupants per room	4,685	51.8%
0.51 to 1.00 occupants per room	3,105	34.4%
1.01 to 1.50 occupants per room	614	6.8%
1.51 to 2.00 occupants per room	350	3.9%
2.01 or more occupants per room	283	3.1%

2000 Census, SF3, Table H20

### 2.3. SUBSTANDARD HOUSING CONDITIONS

Substandard housing units may consist of the following: structural hazards, inadequate maintenance, overcrowding, bad wiring, plumbing, fire hazards, structural hazards, and/or inadequate sanitation. In addition, aging and physical deterioration of existing housing units are ongoing problems.

The greatest number of units needing rehabilitation appears in transition areas where single family areas are giving way to multiple family or commercial uses.

With Hemet's high vacancy rate and a significant increase in the population projected for the next five years, the projected demand to recycle and rehabilitate sub-standard units would appear to be a considerable need.

### 2.4. OVERPAYMENT

Overpayment refers to renters and homeowners who must pay more than 30% of their gross incomes for shelter. An overly high cost of housing eventually causes fixed-income, elderly and lower income families to use a disproportionate percentage of their income for housing.

State housing policy recognizes that cooperative participation of the private and public sectors is necessary to expand housing opportunities to all economic segments of the community. A primary State goal is the provision of decent housing and suitable living environment for Californians of all economic levels.

Consistent with HUD's "threshold of overpayment" definition, California's housing administration has determined that, "Affordable housing costs with respect to very low, low and moderate income households shall not exceed 30% of gross household income." (Health and Safety Code, Section 50052.9). That is, when households must exceed 30 percent of their incomes for rent or mortgage payments, they are left with insufficient funds for other necessities, such as food, health care, clothing, and utilities.

This may cause a series of related financial problems, and can result in a deterioration of housing stock, because costs associated with maintenance must be sacrificed for more immediate expenses (e.g. food, clothing, medical care, and utilities). Overpayment also promotes overcrowding, which leads to a variety of problems, from accelerating the rate of deterioration, to children's decreased performance in school, to code enforcement issues. HUD recognizes, however, that overpaying upper-income households are generally more able to secure housing within their budgets, and are more capable of paying a larger proportion of their income for housing.

The distinction between renter and owner housing overpayment is important because, while homeowners may choose to allocate a higher percentage of their disposable monthly income on housing costs, this allocation is justified in light of the beneficial investment qualities of ownership. New or young owner households may overextend themselves financially to afford a home purchase, but the owner maintains the option of selling the home and may realize tax benefits and/or appreciation in value. Renters, on the other hand, are limited to the rental market, and are generally required to pay the rent established by that market. The discrepancy between renter and owner households is largely reflective of the tendency for year-round renter households to have lower incomes than their owner counterparts.

Table 5 contains 2000 Census figures that show there were an estimated 8,013 total households overpaying for housing, which is 31.8% of the total number of households in the city. Almost 45 percent of all Hemet renters were overpaying for housing. The table shows that 88.3 percent of all overpaying households earned below 80 percent of the County median income and 66.1 percent of all overpaying households earned less than 50 percent of the median income.

**TABLE 5**  
**Housing Problems Output for -All Households**

Name of Jurisdiction: Hemet City, California	Source of Data: CHAS Data Book										Data Current as of: 2000				
	Renters					Owners					Total Owners	Total Households			
Household by Type, Income, & Housing Problem	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(L)				
	Elderly 1 & 2 households member	Small Related (2 to 4)	Large Related (5 or more)	All Other Households	Total Renters	Elderly 1 & 2 households member	Small Related (2 to 4)	Large Related (5 or more)	All Other Households	Total Owners	Total Households				
1. Household Income <=50% MFI	1,244	1,386	474	899	4,003	3,068	539	127	479	4,213	8,216				
2. Household Income <=30% MFI	589	693	284	515	2,081	1,258	195	43	249	1,745	3,826				
3. % with any housing problems	72	87.9	100	75.7	82	61.8	69.2	100	61.8	63.6	73.6				
4. % Cost Burden >30%	72	84.4	89.8	72.8	78.8	60.3	69.2	90.7	60.2	62.1	71.1				
5. % Cost Burden >50%	56.9	72.2	59.9	66	64.6	45.2	69.2	46.5	26.1	45.2	55.8				
6. Household Income >30% to <=50% MFI	655	693	190	384	1,922	1,810	344	84	230	2,468	4,390				
7. % with any housing problems	77.9	78.4	94.7	84.4	81	38.1	71.2	100	43.5	45.3	61				
8. % Cost Burden >30%	77.9	73.4	76.3	81.8	76.9	38.1	66.9	88.1	43.5	44.3	58.6				
9. % Cost Burden >50%	32.1	20.8	18.4	13	22.8	16.3	48	16.7	23.9	21.4	22.1				
10. Household Income >50 to <=80% MFI	664	845	280	454	2,243	2,844	604	269	245	3,962	6,205				
11. % with any housing problems	45	38.5	82.1	35	45.2	20.7	53.6	70.3	42.9	30.5	35.8				
12. % Cost Burden >30%	42.9	29	12.5	29.5	31.2	20.2	50.3	35.3	42.9	27.2	28.7				
13. % Cost Burden >50%	18.1	1.8	3.6	0.9	6.6	5.8	12.4	7.4	4.1	6.8	6.8				
14. Household Income >80% MFI	670	1,009	300	754	2,733	4,195	2,645	660	545	8,045	10,778				
15. % with any housing problems	24.6	11.3	56.7	5.2	17.9	6.6	14.4	38.6	20.2	12.7	14				
16. % Cost Burden >30%	24.6	2.4	5	0.5	7.6	6.3	11.2	8.3	20.2	9	8.7				
17. % Cost Burden >50%	9	0	0	0	2.2	1	0.8	0	0	0.7	1.1				
18. Total Households	2,578	3,240	1,054	2,107	8,979	10,107	3,788	1,056	1,269	16,220	25,199				
19. % with any housing problems	54.2	49.1	82	43.3	53.1	23.1	28.6	54.1	37	27.5	36.6				
20. % Cost Burden >30	53.7	42.1	42.7	39.3	44.8	22.6	25.4	24.9	36.6	24.5	31.8				
21. % Cost Burden >50	28.1	20.3	20.4	18.7	22.2	10.6	10.4	5.1	10.2	10.2	14.4				

## 2.5. SPECIAL NEEDS GROUPS

Certain categories of households typically experience difficulty in securing decent, affordable housing, and are not well guarded under market conditions. The needs of the elderly, handicapped, large families, female heads of household, the homeless and farm workers are summarized below:

### 2.5.1. Elderly Persons

The special housing needs of the elderly are an important concern. This is especially so since many retired persons are likely to be on fixed low incomes, and at greater risk of housing overpayment. In addition, the elderly maintain special needs related to housing construction and location. The elderly often require ramps, handrails, lower cupboards and counters to allow greater access and mobility. In terms of location, because of limited mobility the elderly also typically need access to public facilities (i.e., medical and shopping) and public transit facilities.

Mature citizens also may need special security devices for their homes to allow greater self-protection. In many instances, the elderly prefer to stay in their own dwellings rather than relocate to a retirement community, and may require assistance with home repairs and manual house/yard work. In general, every effort should be made to maintain their dignity, self-respect, and quality of life.

Finding reliable means of transportation to medical appointments, senior centers, meal sites and shopping are also continued concerns for seniors. Many seniors lack private transportation due to physical or financial limitations.

Table 6 shows the number and percent of elderly persons in Hemet (65 and over) with disabilities. Any of these conditions may indicate a need for supportive housing.

**TABLE 6**  
Elderly disability status (2000)

Disability	Persons	% of Total in Cohort (65+)
Sensory disability	3,074	15.8%
Physical disability	5,772	29.7%
Mental disability	2,166	11.1%
Self-care disability	1,542	7.9%
Go-outside-home disability	3,498	18.0%
Total Persons 65+ <sup>1</sup>	19,447	100.0%

<sup>1</sup> All percentages are calculated on this figure.

Source: U.S. Bureau of Census, 2000, Table P41

### 2.5.2. Large Families

The 2000 Census reported 2,116 households in the City of Hemet with five or more persons, which constitute 8.4 percent of total households in the City. Table 7 reveals tenure of housing units by number of persons in the unit. The table shows that in 2000 there were slightly more owner-occupied large households than renter-occupied. 1,069 units (6.6 percent) of large households were owner-occupied and 1047 (11.6 percent) were renter occupied housing units. Large family households need special consideration because they generally require larger dwellings with sufficient bedrooms to meet their housing needs, without overcrowding. But family households with five or more persons often face limitations in being below national poverty levels, and often experience difficulty securing adequate housing suitable for their expanded needs. Difficulties in securing housing large enough to accommodate all members of a household are heightened for renters, because multifamily rental units are typically smaller than single-family units. Thus, large families typically suffer disproportionately from both overcrowding and inability to pay.

**TABLE 7**  
Large Households By Tenure  
2000

Number of Persons in Unit	Owner		Renter		Total	
	Occupied	Percent <sup>1</sup>	Occupied	Percent <sup>2</sup>	Occupied Units	Percent <sup>3</sup>
Five	604	3.7%	550	6.1%	1,154	4.6%
Six	248	1.5%	284	3.1%	532	2.1%
Seven or More	217	1.3%	213	2.4%	430	1.7%
<b>Total</b>	<b>1,069</b>	<b>6.6%</b>	<b>1,047</b>	<b>11.6%</b>	<b>2,116</b>	<b>8.4%</b>

<sup>1</sup> Total owner occupied units is 16,229. Percent of all owner-occupied units calculated on this figure.

<sup>2</sup> Total renter occupied units is 9,037. Percent of renter-occupied units calculated on this figure.

<sup>3</sup> Total occupied units is 25,266. Percent of total occupied units calculated on this figure.

Source: 2000 Census, SF3 Table H17

### 2.5.3. Disabled Persons

Access and affordability are the two major housing needs of disabled persons. Access is particularly important for the physically disabled. Physically disabled persons often required specially designed dwellings to permit access within the unit, as well as to and from the site. California Administrative Code Title 24 sets forth access and adaptability requirements for the physically handicapped (disabled). These regulations apply to public buildings such as motels, employee housing, and factory built housing and privately funded, newly constructed apartment houses containing five or more dwelling

units. The regulations also require that ramp ways, larger door widths, restroom modifications, etc., be designed to enable free access to the handicapped. Such standards, however, are not mandatory of new single-family residential construction.

**TABLE 8**  
*DISABLED RESIDENTS - 2000*

<b>Persons 16 to 64 Years</b>	
Sensory disability	883
Physical disability	2,967
Mental disability	1,652
Self-care disability	718
Go-outside-home disability	2,389
Employment disability	4,553
<b>Persons 65 Years and Over</b>	
Sensory disability	3,074
Physical disability	5,772
Mental disability	2,166
Self-care disability	1,542
Go-outside-home disability	3,498

Source: 2000 Census SF3 Table QT-P21

The disabled, like the elderly, have special needs with regard to location. There is typically a desire to be located near public facilities, and especially near public transportation facilities that provide service to those who must rely on them.

Table 8 shows 24,681 persons, or 42 percent of Hemet's total population had some form of disability in 2000. This does not necessarily translate into a need for specially constructed housing units, therefore making it difficult to specifically estimate the number of disabled persons in need of special housing accommodations.

#### **2.5.4. Homeless Population**

A comprehensive survey of homeless individuals was conducted in the County in 2004. According to the homeless survey, 35.2% of the homeless population in the county meet the definition of being chronically homeless whereby they are unaccompanied homeless individuals with a disabling condition who have either been continuously homeless for a year or more or who have had at least four (4) episodes of homelessness in the past three (3) years. More than one-third of the long-term and perpetually homeless individuals in the County on a given day have a disabling condition, which HUD defines as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." These persons are the hardest-to-reach and often the hardest-to-serve because their homeless experience is often compounded by mental health, substance abuse and health care problems including non-compliance with prescribed medications.

Such characteristics make it very difficult for their needs to be addressed by outreach and housing programs such as emergency shelters that serve the general homeless population. Thus, opportunities for such severely chronically homeless individuals to move beyond homelessness are greatly reduced. Moving beyond homelessness is also greatly reduced by the very nature of their disabling condition which may disrupt their judgment, motivation, and social skills. Therefore, because of their complex needs and resistance to homeless services, a comprehensive and flexible array of specialized services and related supportive efforts must be readily available to assist them within a permanent housing environment. Thus, the Coalition believes that permanent supportive housing, including Safe Haven, is the best way to address the needs of this population. The Coalition also believes that permanent supportive housing should be immediately provided to eligible persons in families with children (262) with the necessary supportive services to keep these families from becoming homeless again.

Recognizing that not everyone's need amongst the homeless population can be addressed through permanent supportive housing, the Coalition believes that the unmet need of the remaining homeless persons on a given day in the County (850 individuals and 787 persons in families) could best be serviced through emergency shelter and transitional housing. The Coalition has noted that its shelters (for individuals) and transitional housing programs (for families) have been very successful at transitioning individuals and families from emergency shelter – transitional beds to permanent housing in the past. The unmet need in these areas was determined by subtracting the current and under-development inventory from the identified need leaving a gap of 471 emergency beds for individuals and 418 transitional beds for persons in families with children. The Coalition believes that in some cases individuals and families are not ready for permanent housing and that emergency shelter and transitional housing provides much case management that links clients to the continuum of care including various support services. The Coalition believes that families often need up to two years to "transition" into permanent affordable housing, particularly because parents need the extra time and support to become self-sufficient as they have to make sure their children's needs are also being met. As these participants progress through the county's continuum of care system, they will become better prepared to move into stable permanent affordable housing and live self-sufficiently.

Data utilized for the Homeless Population and Subpopulations Chart is based on specific point-in-time data collected from March 13<sup>th</sup>, 2003 and from a comprehensive homeless survey conducted in the Spring of 2004. The process and methods used for collecting the data included a countywide enumeration conducted on March 13<sup>th</sup>, 2003 which provided the point-in-time population data and a

countywide survey interview with sheltered and unsheltered individuals conducted over a 30-day period in March of 2004 which served as the basis for the subpopulation estimates.

On March 13, 2003, teams of outreach workers, county staff, service providers and volunteers fanned out across the county to conduct the point-in-time enumeration. This effort resulted in the identification of 2,931 homeless individuals enumerated on the day of the count including 1,882 single individuals and 1,049 persons in families with children. It should be noted that based on homeless population data collected in previous years as well as data collected over the last year, service provider numbers collected on an annual basis and general County demographic data, the Census and Demographic Committee of the Coalition and DPSS staff concur that the point-in-time number generated through the 2003 enumeration represents a significant undercount of the actual homeless population on any given day in the County. 2000 US Census Bureau data identifies more than one in five households in Riverside County (108,634) with annual incomes below 50% of the County median income. Over 11% of the households (56,043) in the County are classified as very low income with household incomes of less than \$12,000 falling below 30% of the median. These low and very-low income households would be considered at-risk for becoming homeless on any given day. Thus, based on these assumptions, a more comprehensive and inclusive point-in-time enumeration is being planned by the Census and Demographics Committee of the Coalition for the last week of January 2005.

The methods for determining the homeless subpopulations in general and the chronically homeless in particular were based on the County of Riverside 2004 Homeless Survey which was administered to unsheltered and sheltered persons in March of 2004.

The 2004 Homeless Assessment Survey involved a comprehensive face-to-face interview process with sheltered and unsheltered homeless adults throughout the County. Interviewers were trained on how to administer the survey in a standardized format by staff from the Institute for Urban Research and Development. They were trained to ask questions and record responses in a consistent and uniformed manner in order to ensure the integrity of the responses. The 100+ survey questions were developed in order to assess issues related to people's homeless experience such as a history of serious mental illness, substance abuse history, dual diagnosis, HIV/AIDS status, veteran status, domestic violence and physical assault, income/employment, education, health care and nutrition, and life skills needs as well as generate vital subpopulation data.

The data was entered and analyzed to determine 1) the number of persons (by total number, gender, ethnicity, age, household

composition) who had each of these issues 2) prioritization of need, and 3) the best way to meet the needs. The survey also included questions to determine whether survey participants met the HUD definition of chronically homeless. Supportive questions centered on the primary question: "How long have you been currently homeless?" and "How many times have you experienced homelessness during the last three years." If persons answered that they were homeless for one year or more and/or that they were homeless four (4) times or more in three (3) years and they had a diagnosable disability (i.e. mental illness, chronic substance abuse, HIV/AIDS, etc.) they were considered chronically homeless. 35.2 percent of the survey respondents fit this criterion. The responses were analyzed for sheltered and unsheltered respondents and Homeless Population and Subpopulations.

#### **2.5.5. Migrant Farm Workers**

Only 2 percent of Hemet's labor force is employed in agriculture. Although small, this group does exist, and with the desire of landowners in the eastern portion of the city to retain agricultural operations as long as is economically feasible, it will be important for the city and county to recognize the special problems that these households face in obtaining housing.

By the nature of their work, farm workers tend to have very low incomes. Most tend to be from families with children. The most pressing housing need for this group, therefore, is for affordable family housing.

For migrant farm workers, the most important housing need is for affordable seasonal accommodations during the harvest season. It is likely that some migrant workers use motel rooms, boarding houses, accessory dwelling units, mobile homes, and vehicles for seasonal shelter.

#### **2.5.6. Persons Living With HIV/AIDS**

Established in September 1983 and incorporated in November 1985, the Inland AIDS Project (IAP) is a 501 (c) (3) non-profit agency whose mission is to provide "health care, support services and advocacy for persons affected by HIV in the Inland Regions of Southern California".

The Inland AIDS Project accomplishes this through the provision of a comprehensive set of services such as case management, mental health counseling, substance abuse counseling, food distribution, legal services, home health care, residential care services for the chronically ill, transitional housing as well as low income housing

rental, and transportation to medical and social services appointments. Additionally, they agency has a strong prevention and educational focus increasing community awareness and involvement in this important health issue.

The agency currently serves 1,237 individual clients infected by HIV/AIDS and over 450 infected/affected children. The core service for the agency is that of Case Management. Each client is assigned a Registered Nurse Case Manager, who provides an ongoing assessment of the clients overall health status and daily living needs and provides referral and follow-up to ensure that the client is receiving all the necessary services. The goal of the Inland AIDS Project is to support the client so that they can successfully live within the community and receive the supportive services they require to do so.

IAP provides services over a 22,000 square mile area which includes the entire County of San Bernardino, central and western Riverside County, and the eastern portion of Los Angeles County. Current service locations are in the cities of Riverside, San Bernardino, Sun City, Victorville, and Hesperia.

With funding from Housing Opportunities for Persons with AIDS (HOPWA), a program of the Department of Housing and Urban Development (HUD), IAP purchased housing units in Ontario and San Bernardino. These low rent units are designated rental units for low income persons that are infected/affected with HIV living in the Inland Empire. Eligibility criteria is HIV positive status.

IAP provides emergency rental/mortgage and utility assistance for persons that are infected/affected by HIV living in Riverside County. Funding for this program is provided by HUD and managed by the Housing Authority of Riverside County. To qualify for this assistance a person must be a client of IAP with proof of HIV infection. Clients apply for this assistance through their Case Manager.

## **2.6. FURTHER CHARACTERISTICS OF THE HOMELESS**

The Institute for Urban Research and Development conducted the Riverside County 2004 Homeless Survey and reports that based on the results of the homeless census and interviews were conducted with 1,091 homeless persons during the census period. Current estimates of the number of homeless adjust on any given day in the County of Riverside range from 2,500 to 8,100. The total number of complete and valid surveys administered during this process was 1,091, which represents 20.6 percent of the mid-range (5,300) of the estimate number of the homes people on any given day in Riverside County. The IURD is now engaged in a countywide process to conduct a homeless count that will involve every City in the

County. That survey took place on January 26th, 2005. The results of that process will be broken down by city and provide data in combination with the survey results, useful to cities in preparing Consolidated Plans and other planning documents by the end of this program year.

Prior to that, the Department of Public Social Services hired a consultant to conduct a point-in-time census of the homeless population of Riverside County during March 2003. Based on the point-in time census results there are 2,931 unsheltered and sheltered homeless persons in Riverside County on a given day. General homeless population in Hemet and Riverside County consists of families, single men, single women and unaccompanied youth having the following characteristics:

- i. The homeless account for approximately 0.55 percent (approximately 8,954) of the total population of the County.
- ii. The homeless can be found in virtually any part of Riverside County, with 86 percent found within cities and 14 percent in unincorporated areas.
- iii. One third of homeless adults suffer from one or more types of mental illness, mainly depression.
- iv. Over one-third (38 percent) of the homeless have been homeless for more than a year.
- v. Chronic (over 1 year) homeless adults are more likely to suffer substance abuse.
- vi. Of the homeless persons interviewed, 39 percent use alcohol or harder drugs.
- vii. Women make up 33 percent of the homeless population.
- viii. Of the homeless persons interviewed, 13 percent had children under the age of 18 with them.
- ix. The average number of children in a homeless household is 2.2, and of school age children, 78 percent attend school.
- x. Homeless persons under age 20 represent 19 percent of the homeless population and 4 percent of the homeless are over the age of 60.
- xi. Over half (53 percent) of the homeless women and 16 percent of homeless men said they had been victims of domestic violence or abuse.

The large numbers of homeless persons, the high cost of housing and the number of people living in poverty combine to create a serious situation. This combination of circumstances exacerbates the problem of finding suitable and affordable housing for homeless and at-risk families. Without comprehensive intervention the majority of the homeless will remain while more families will fall into the at-risk and actual category of homelessness.

A survey of homeless persons during the March 2003 homeless census reveals the following characteristics as shown in Table 9:

TABLE 9 CHARACTERISTICS OF HOMELESS PERSONS		
Characteristic	Riverside County Homeless	Riverside County Total Population
RACE:		
Asian	1.1 %	5 %
Black	20.8 %	8 %
Pacific Islander	1.7 %	.3 %
Native American	5.6 %	1.6 %
White	74.5 %	84.9 %
HISPANIC ORIGIN:		
Hispanic	21.7 %	37.3 %
Non-Hispanic	79.1 %	62.7 %
AGE:		
Children (0-9)	10.0 %	16.6 %
Teen (10-19)	8.6 %	16.4 %
Adult (20-59)	74.8 %	63.7 %
Elderly (60 yrs +)	3.5 %	16.3%

Source: Riverside County Dept. of Public Social Services Homeless Census, May, 2003

### 2.6.1. Race and Ethnicity

Based on the above characteristics of the homeless population, there is a higher percentage (20.8 percent) of African Americans represented in the homeless population than for Riverside County, which has an 8 percent African American representation. Native Americans and Pacific Islanders are also over-represented in the homeless population with 5.6 percent and 1.7 percent respectively, as compared to 1.6 percent and 0.3 percent for entire Riverside County.

### 2.6.2. NEEDS OF SHELTERED AND UNSHELTERED SPECIAL NEEDS POPULATIONS

The need exists to recognize each sub-population as a separate and distinct group with special needs given the vast area and geographic differences within the County of Riverside. Whether they are sheltered or unsheltered, each special needs sub-population requires specialized supportive services or facilities. Examples of some of the special needs sub-populations are as follows:

- Mentally Ill
- Alcohol and Drug Addicted
- Dually Diagnosed
- Victims of Domestic Violence
- Youth
- AIDS/HIV
- Veterans

- Farm workers
- Physically Disabled and Chronically Ill
- Elderly

Briefly, every homeless person may be part of some special need sub-population. All suffer from some circumstances or combination of circumstances, which in turn causes or contributes to their inability to cope with daily life. Determining the cause of homelessness for an individual person/family is best determined through an assessment given by a qualified case manager. Although clearly, there is a broad array of causative factors existing within each of the broad categories, studies suggest that the homeless fall into one or more of the following broad categories:

- a. Those who are severely mentally ill or active substance abusers;
- b. Those who are economically deprived (caused by a wide variety of problems); and
- c. Those who consciously choose to become homeless by refusing to work

## **2.7. OTHER SPECIAL NEEDS**

### **2.7.1. Mentally Ill Alcohol/Drug Addicted**

It is unknown how many homeless mentally ill persons there are in Hemet and Riverside County over the course of a year. According to the Riverside County DPSS Homeless Census 2003, one third of homeless adults suffer from one or more types of mental illness. There are currently no emergency shelter beds countywide specifically targeting mentally ill persons, which represents an unmet need of 100 percent.

While homeless mentally ill persons may benefit from the general system or continuum of care available to all homeless persons, they also require special services adapted to their particular need and circumstances. Among the homeless mentally ill special needs are:

- Aggressive outreach
- Intensive case Management
- Readily accessible psychiatric care and medications
- Specialized intake centers and shelters
- Transitional housing programs
- Transportation to and from medical appointment
- Food and nutrition services

In 1993, the Riverside County Department of Mental Health launched the Homeless Intervention Team Program (HIT). Persons with mental illness who are homeless need a system of supportive services that emphasizes assertive outreach and assessment,

significant follow-up and time intensive case management. The HIT Program initially provided outreach, assessment and case management to homeless mentally ill persons in Western Riverside County.

Studies have also shown that there is also an unmet need of specialized services for individuals who are mentally ill, but not necessarily homeless. These individuals either live semi-independently, with family members, or in a group home setting. Non-homeless special needs of the mentally ill consist of the following:

- Case Management
- Money Management
- Transportation to/from Medical Appointments
- Medication
- Psychiatric Counseling
- Basic Life Skills
- Meal Delivery Services
- Utility Discounts
- Rental Subsidies
- Peer Support
- Community Integration

Reliance on night shelters is particularly unsuited for the homeless mentally ill who generally need crisis intervention and stabilization services before they can undertake more permanent housing. The homeless mentally ill have few resources accessible to them and it is highly recognized that there exists a desperate need for sheltering the mentally ill as well as providing adequate services to those suffering from mental illness who are either living semi-independently or with family members.

#### TRANSITIONAL HOUSING AND RESIDENTIAL PROGRAMS

Current inventory of the 2004 Continuum of Care: Gaps Analysis indicates that 414 of the homeless alcohol and drug abuse population were provided supportive services at one moment in time. In addition to specialized resources for recovery and assistance in stabilization, many homeless persons abusing alcohol and drugs look to general homeless shelters for refuge. Many are intermittently able to meet admission requirements and behavior codes of the local shelters. While the community reaction to homelessness is particularly harsh on those who are chronically inebriated, the public generally acknowledges that alcoholism is an addictive disease in which the victim has become physically and psychologically dependent on the chemical alcohol.

## 2.7.2. DUALY DIAGNOSED

The Department of Social Services (DPSS) estimated in June 2002 that over 40 percent of the homeless mentally ill also suffer from a dual diagnosed problem of alcohol and drug abuse. Substance abuse is both a cause and result of homelessness for the mentally ill. These dually diagnosed persons require skilled assessment and access to detoxification, treatment and recovery services. The need for affordable and decent housing is an unmet need for those with both mental illness and alcohol and drug substance abuse problems.

A list of homeless special needs of the dually diagnosed include:

- i. Detoxification
- ii. Drug Counseling
- iii. Education
- iv. Residential Recovery Services

However, due to the administrative separation of mental health and substance abuse service system, many dually diagnosed persons have been excluded from receiving one or the other service.

Stable and reliable housing plays a key role in ensuring regular participation in treatment programs and compliance with drug therapies. Non-homeless needs of the dually diagnosed include quick transition to permanent housing, as is continued access to supportive services such as intensive case management, psychiatric care, vocational training and job counseling, and substance abuse treatment. The lack of adequate shelter resources is still a high need as is access to recovery homes and supportive services.

Substance Abuse Programs provide accessible, high quality treatment services for alcohol and substance abuse control. This program offers a wide range of countywide treatment, intervention, and prevention services that include assessment, group and individual counseling, orientation to 12-step programs and sobriety, maintenance through support groups, overall case management, and referral to outside services.

Programs include:

- ✓ Outpatient Program
- ✓ Adolescent Program
- ✓ The Family Program
- ✓ Aftercare
- ✓ Narcotic Treatment Program
- ✓ Dual Diagnosis Treatment
- ✓ Prevention/Outreach Programs

- ✓ Friday Night Live
- ✓ MOM Prenatal Program
- ✓ Drinking Driver Screening Program
- ✓ HIV/AIDS
- ✓ Turning Point DUI Screening Program
- ✓ Recovering Opportunity Center
- ✓ Substance Abuse Contract Agencies

i. Outpatient Program

This program offers outpatient, group counseling, recovery groups, individual counseling, substance abuse education, and referrals to substance abusing adults, adolescents, and their families. The program emphasizes a 12-step approach and encourages clients attend community based support groups such as Narcotic Anonymous, Alcoholic Anonymous or Cocaine Anonymous as part of their recovery. Classes on substance abuse treatment and parenting skills are also offered to families and significant others of clients as well as aftercare groups focusing on relapse prevention. Other services are as follows:

ii. Adolescent Program

Services include individual counseling recovery groups, substance abuse education, and referral to other agencies and services.

iii. The Family Program

Offered for the families and significant others of clients, this program provides classes on substance abuse, treatment and parenting skills.

iv. Aftercare

With a focus on relapse prevention, these groups are offered to all clients who have completed programs at any other the Substance Abuse Program offices.

v. Narcotic Treatment Program

Designed to help opiate dependent persons achieve a drug-free lifestyle, the Narcotic Treatment Program provides counseling with an emphasis on recovery education and life skills. Medically supervised, clients receive a prescribed narcotic replacement dose from a nurse. Clients are regularly examined by a physician and randomly tested for drug use. Services provided are in compliance with Title 9, Chapter 4, beginning with Section 10000.

vi. Dual Diagnosis Treatment

The Substance Abuse Program offers residential referral and outpatient treatment for clients with both a mental health and chemical dependency diagnosis.

vii. Prevention/Outreach Program:

There are a multitude of prevention and outreach programs sponsored by the Substance Abuse Program. These programs are directed at the general public, especially young people, and involve such methods as participating in Red Ribbon Week activities, public speaking, and distribution of anti-drug literature.

viii. Friday Night Live:

This Program is a special youth-oriented program to provide young people in Riverside County with drug and alcohol-free alternative entertainment. This program sponsors dances and other activities for young people while promoting an anti-drug, anti-drinking message.

ix. MOMS Prenatal Program:

This is a 16-week, intensive day treatment program for pregnant and parenting substance abusing women. Transportation is provided for the women and their children. Special speakers are often used to provide education regarding substance abuse and parenting skills. Day care is provided so the children are cared for while their mothers attend group-counseling sessions. A childcare learning laboratory is provided where women learn hands-on parenting skills.

x. HIV/AIDS:

The Substance Abuse Program has state certified HIV counselors on staff to conduct HIV/AIDS educational prevention classes. The program also refers clients to confidential and anonymous testing sites. Riverside County contracts with several agencies who provide outreach programs to men and women who engage in behaviors that put them at risk for HIV/AIDS infection. These programs also make referrals to HIV testing sites and substance abuse recovery facilities.

xi. Turning Point DUI Program:

This is a special program for first and second offenders charged with Driving Under the Influence (DUI). Services include outpatient alcohol counseling with a special emphasis on prevention of re-offense. Clients in this program tend to be referred by the courts and many clients must successfully complete this program as part of their probation.

xii. Drinking Driver Screening Program:

The Drinking Driver Screening Program is designed to provide a referral to clients convicted of driving under the influence of alcohol and other drug substances. The program serves as a point of entry into a system of education and counseling for these individuals. The screening program monitors client

progress, evaluates client participation, and suggests additional support services that may be needed or required.

*xiii. Recovery Opportunity Center (Drug Court):*

The Recovery Opportunity Center (ROC), also known as Drug Court, is a joint program operated by Riverside County Probation, Courts, Department of Social Services, and Mental Health. The ROC provides counseling and education to persons convicted of a substance abuse crime in lieu of jail time. The ROC provides participants with substance abuse education classes, individual and group counseling, referral to NA/AA meetings, GED or adult literacy classes, and vocational training. Participants are taught accountability through incentives and sanctions and are required to contribute to the program through variable fees and/or community service work.

**Clinic sites:**

1827 Atlanta Ave., #D1  
Riverside, CA 92507  
(909) 955-2105

45-596 Fargo Street #6  
Indio, CA 92201  
(760) 863-8471

1777 Atlanta Ave., #G1  
Riverside, CA 92507  
(909) 778-3500

623 N. Main Street, #D11  
Corona, CA 91720  
(909) 737-2962

68-615 Perez Road, Suite 6A  
Cathedral City, CA 92234  
(760) 770-2222

83-912 Avenue 45, Suite 9  
Indio, CA 92201  
(760) 347-0754

1267 W. Hobsonway  
Blythe, CA 92225  
(760) 921-7870

650 N. State Street  
Hemet, CA 92543  
(909) 791-3350

## **SUBSTANCE ABUSE CONTRACT AGENCIES**

The following agencies provide mental health services on a contract basis:

- **ABC Club (Recovery Center)** Indio, CA - ABC Recovery Center is a non-profit organization providing social model residential detoxification and recovery treatment, perinatal and transitional living services for men and women. Services include personal recovery planning, educational sessions, social/recreational activities, group sessions, and assistance in obtaining health, social, vocational and other community services.
- **LaVista, Inc.** San Jacinto, CA - La Vista is a non-profit organization providing social model detox and residential recovery treatment, perinatal and transitional living for women.

La Vista also offers a program for older women known as "Our Mother's House". Services include personal recovery planning, educational sessions, social/recreational activities, group sessions, and assistance in obtaining health, social, vocational and other community services.

- **Riverside Recovery Resources** Riverside, CA - Riverside Recovery Resources is a non-profit organization providing social model residential recovery treatment, perinatal and transitional living for men and women. Services include personal recovery planning, educational sessions, social/recreational activities, group sessions, and assistance in obtaining health, social, vocational and other community services.
- **VARP, Inc.** San Bernardino, CA – VARP Inc. is a non-profit organization providing social model residential recovery treatment for men and women. Services include personal recovery planning, educational sessions, social/recreational activities, group sessions, and assistance in obtaining health, social, vocational and other community services.
- **Desert Rehab Services** Desert Hot Springs, CA - Desert Rehab is a non-profit organization providing social model residential detoxification recovery treatment, and transitional living services for men and women. Services include personal recovery planning, educational sessions, social/recreational activities, group sessions, and assistance in obtaining health, social, vocational and other community services.
- **Whiteside Manor, Inc.** Riverside, CA - Whiteside Manor is a non-profit organization providing social model residential detoxification and recovery treatment services for men and women. Services include personal recovery planning, educational sessions, social/recreational activities, group sessions, and assistance in obtaining health, social, vocational and other community services. Whiteside Manor also offers 30-day stabilization beds for dually diagnosed substance abusers.
- **Youth Service Center:** Riverside, CA - Youth Service Center of Riverside is a non-profit agency which provides outpatient counseling to adolescents and their families, education regarding the nature and extent of alcohol, tobacco, and drug use, abuse and addiction and their effects on individuals, families, and communities, and outreach services for substance abuse prevention/intervention.
- **Casa Blanca Home of Neighborly Service:** Riverside, CA - Casa Blanca Home of Neighborly Service is a non-profit

agency that provides education regarding the nature and extent of alcohol, tobacco, and drug use, abuse and addiction and their effects on individuals, families, and communities, and outreach services for substance abuse prevention/intervention.

- **MFI Recovery Center, Inc.** Riverside, CA - MFI Recovery Center is a non-profit organization providing social model residential recovery treatment, and perinatal services for men and women. Services include personal recovery planning, educational sessions, social/recreational activities, group sessions, and assistance in obtaining health, social, vocational and other community services.
- **Desert AIDS Project:** Palm Springs, CA - The Desert AIDS Project in Palm Springs provides AIDS education to IV drug users and the public and provides support for those already suffering from the disease of AIDS, their families and significant others. Counseling, guidance and assistance in securing government services, testing and a "12-Step" Program.
- **Bear Hawk Education Services** Palm Springs, CA: Bear Hawk Education Services provides HIV and outreach services to high risk populations in the Coachella Valley. Services include HIV testing, pre & post test counseling and high risk behavior information and education, referral services regarding recovery treatment programs and opportunities, health care resources, hot line information, mental health and shelter facilities.
- **Casa Las Palmas (Latino Commission)** Indio, CA - Casa Las Palmas is a non-profit organization providing social model residential recovery treatment services for bilingual or monolingual men and women. Services include personal recovery planning, educational sessions, social/recreational activities, group sessions, and assistance in obtaining health, social, vocational and other community services.
- **Social Science Services (Cedar House)** Bloomington, CA - Social Science Services, also known as Cedar House, is a non-profit organization providing social model residential recovery treatment, and detox services for men, women, and the dually diagnosed. Services include personal recovery planning, educational sessions, social/recreational activities, group sessions, and assistance in obtaining health, social, vocational and other community services.
- **Esperanza Youth & Family Center** Coachella, CA - Esperanza Youth & Family Center is a non-profit organization providing a drop-in center for information and referral,

community educational outreach services to bilingual and mono-lingual adolescents and their families.

- **Inland AIDS Project** Riverside, CA - Inland AIDS Project provides HIV and outreach services to high risk populations in western Riverside County. Services include HIV testing, pre & post test counseling and high risk behavior information and education, referral services regarding recovery treatment programs and opportunities, health care resources, hot line information, mental health and shelter facilities.
- **Perris Valley Recovery Center** Perris, CA - Perris Valley Recovery center is a non-profit organization providing a drop-in center for information and referral, community education and outreach services to the community of the Perris Valley.
- **Project COURAGE** Riverside, CA - Project COURAGE, a program offered through the Riverside County Office of Education, directs a free after school and weekend program for students. The program offers tutoring, counseling, sports, activities and workshops regarding substance abuse, anti-gang, self esteem, nutrition, the issue of violence and other topics, which address risk factors.
- **Soroptimist House of Hope** Banning, CA - House of Hope is a non-profit organization providing social model residential recovery treatment, and transitional living for women. Services include personal recovery planning, educational sessions, social/recreational activities, group sessions, and assistance in obtaining health, social, vocational and other community services.
- **Valley Wide Recreation & Parks** San Jacinto, CA - Valley Wide Recreation & Parks, a non-profit agency, provides counseling, community outreach and other after school substance abuse prevention activities throughout the San Jacinto and Hemet communities.
- **WCHS** Riverside, CA – WCHS operates outpatient Methadone programs in western Riverside County and in the Desert region. These programs are designed to help opiate dependent persons achieve a drug-free lifestyle. Services provided are in compliance with Title 9, Chapter 4, beginning with Section 10000.
- **YWCA Of Riverside (Born Free)** - YWCA is a non-profit organization providing social model residential recovery treatment, and perinatal services for women. Services include personal recovery planning, educational sessions,

social/recreational activities, group sessions, and assistance in obtaining health, social, vocational and other community services.

<b>TABLE 10</b>	
<b>Substance Abuse</b>	
<b>RACE</b>	
White	4,292
African American	6,27
Alaskan/Native Indian	185
Asian/Pacific Islander	77
Other	2,795
<b>Totals</b>	<b>7,976</b>
<b>ETHNICITY</b>	
White/Non Hispanic	4,055
Black/Non Hispanic	614
American Indian Non	143
Asian/PI Non-Hisp	60
Hispanic	2,977
Other	127
<b>Total</b>	<b>7,976</b>

<b>TABLE 11</b>		
<b>AGE OF ADMISSION</b>		<b>FORM OF ABUSE</b>
< 18 yrs	374	Metamphetamines – 4,328
18-20 yrs	442	Heroin – 1,267
21-25 yrs	1,283	Alcohol – 1,160
26-30 yrs	1,202	Most clients who enter program abuse more than one form of drug
31-35 yrs	1,185	
36-40 yrs	1,226	
41-45 yrs	1,133	
46-50 yrs	662	
51-55 yrs	285	
55 yrs +	184	

### 2.7.3. VICTIMS OF DOMESTIC VIOLENCE

The increased number of requests from the public and private sector for domestic violence training has helped raise awareness in the county, as such, the steady growth, as projected will increase due to a broader dissemination of information. Another factor that supports the projected increase in domestic violence clients is the implementation of welfare reform. The number of children clients has steadily increased, indicating a strong felt need among parents to help break the inter-generational cycle of violence. In addition, the issue of "Teen Dating Violence" is a relatively new area of domestic violence with an alarming rapid increase in clients.

The City of Hemet is committed through the umbrella network of non-profit agencies to prevent domestic violence. The Supportive Housing Program quarterly statistical reports project gaps in services to domestic violence clients in the following areas.

**Sheltered Needs**

- Medical service
- Case management
- Child care
- Psychological counseling
- Legal counseling

**Unsheltered needs**

- Temporary rental subsidy
- Advocacy
- Job training and placement
- Case management
- Child care
- Crisis management

**2.7.4. YOUTH**

Primarily, homeless youth fall into two categories.

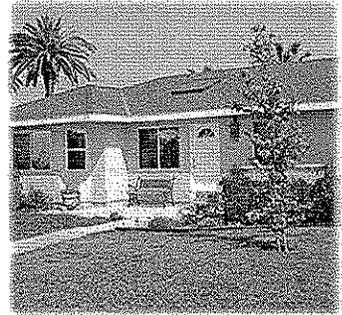
1. victims of their family's misfortune; and
2. runaways and homeless off the street.

At the present time, there is only one agency within Riverside County who provides immediate crisis intervention services; Operation Safe House.

Operation Safe House provides the core of essential services for the targeted 11 to 21 year old population. The basic problems and needs of this sub-population, as identified by the need assessments, are not generally limited to the true homeless youth alone but are shared by the entire family. These youths have been found to be a part of a family unit; therefore, services need to be provided to the entire family. The immediate needs and services for this sub-group are as follows: Shelter, food and clothing, counseling for a myriad of problems (i.e., dysfunctional family issues, substance abuse, sexual abuse, etc.), medical, transportation, education, and job training.

## OPERATION SAFEHOUSE

Operation Safe House provides the core of essential services for the targeted 11 to 21 year old population. The basic problems and needs of this sub-population, as identified by the need assessments, are not generally limited to the true homeless youth alone but are shared by the entire family. These youths have been found to be a part of a family unit; therefore, services need to be provided to the entire family.



The new desert facility will be a 16,000 sq. ft. 24-hour emergency shelter providing a total of 20 beds for children between the ages of 12 and 18. Located at 72710 East Lynni Street in Thousand Palms, the shelter will be accessible to public transportation for children who self-refer/self-transport themselves to the shelter. As more than half of the youth arriving at the shelter are expected to be transported by police or sheriff, the shelter's central Valley location and close proximity to Interstate 10 have garnered the support of Valley-wide local law enforcement agencies.

The immediate needs and services for this sub-group are as follows: Shelter, food and clothing, counseling for a myriad of problems (i.e., dysfunctional family issues, substance abuse, sexual abuse, etc.), medical, transportation, education, and job training. Operation SafeHouse provides comprehensive support services for at-risk youth and those struggling with crisis situations.

Many people consider the Coachella Valley "paradise". Every year this paradise becomes a dangerous and scary place to the hundreds of young people who are trying to survive on the streets without resources to help them. A 2001 needs assessment conducted by the Regional Access Foundation found that all Coachella Valley homeless programs currently serve either adults or families with children. The 696 homeless and runaway children that were reported last year fall into neither category.

Operation SafeHouse recruited a number of Valley civic and community leaders to form an advisory group to assist in developing services and managing the development of a local shelter facility. This committee is comprised of representatives of local law enforcement, nonprofit service providers, developers and community volunteers.

Services include:

**Emergency Shelter:** A 24-hour facility providing core services (shelter, food, clothing, counseling and recreation).

**Community Day School:** A partnership with the Riverside County Office of Education to provide shelter residents on-site public school education and credit accumulation.

**Project Safe Place:** A collaborative outreach effort with community businesses to assist youth in crisis.

**SafeHouse of the Desert:** A new SafeHouse shelter in development for teens in the Coachella Valley.

**Transitional Living Program:** An apartment complex for 20 homeless older youth between the ages of 18 - 21. This program is designed to provide basic life skills training in a supervised setting for up to 18 months.

#### **i. Emergency Shelter**

##### Overview

At Operation SafeHouse a 24-hour youth shelter our young people are provided with a warm, caring environment in which to address their problems. This 17-bed facility offers round the clock services to runaway, throwaway and homeless young people. Our philosophy is that young people are valuable community resources who need to be nurtured by caring adults and supported during challenging times.

We provide emergency shelter for up to two weeks while we work with youth and families toward reunification. If that fails we will seek alternative placements for our clients. Individual, Family and Group counseling is held on a daily basis. We also provide a complete school program, nutritious meals and recreation opportunities. Members of the community are encouraged to call and schedule a tour of the facility.

##### Number of Beds

There are a total of 17 beds available for youth you need food, shelter and clothing. These beds are available for youth whose ages are between 12 years and 17 years.

##### Services OSH Provides

- ♦ 14-day voluntary program
- ♦ Provide food, shelter clothing
- ♦ Individual daily counseling from trained family counselors
- ♦ Peer group counseling and family counseling sessions (Note: parents are required to attend counseling sessions as well as parenting classes)
- ♦ Onsite education program (Monday thru Friday schooling)

- ♦ Operation Safehouse will accept any youth that doesn't have a safe place to stay at night
- ♦ They will also take in Youth who want to work with issues on their family

#### Number Assisted

Between January and December 2004, OSH assisted approximately 600 youth.

### **ii. Community Day School**

Our education program at SafeHouse, a partnership with the Riverside County Office of Education, provides an extremely valuable service to the young people who turn to the shelter for guidance and support. For many of the clients who seek support services at SafeHouse, maintaining passable grades becomes a major obstacle to overcome when combined with personal conflicts such as family conflicts or drug abuse. The education program allows the youth to continue with school studies and work on personal issues at the same time.

Students attend school approximately six hours a day and work at a pace that is specific to their grade level. The program is designed to assist the youth in earning school credits for the work completed. All earned credits are transferable to their respective schools.

### **iii. Project Safe Place**

Project Safe Place is a national program designed to partner local youth shelters with community businesses.

In March 2000, Project Safe Place joined with the Riverside Transit Agency to provide 114 mobile Safe Place sites in and around Riverside. RTA has designated all fixed route buses as mobile "Safe Place" sites. There are currently 207 sites in the County of Riverside. The program, entitled "Ride To Safety", provides youth in crisis with quick and safe transportation to Operation SafeHouse. Project Safe Place is currently expanding into the Corona/Norco area.

A strategically placed black and yellow sign identifies Safe Place sites. A child can access the business and seek assistance. Employees of Safe Place sites are instructed to contact the shelter staff (Operation SafeHouse) for intervention, assistance, and services. Safe Place provides a valuable resource to the community by making available safe and secure places for youth who are in trouble. A unique feature of the program is that it is a collaborative effort between public

and private sectors coming together for one special goal – keeping children safe.

#### **iv. Transitional Living Program**

##### Overview

In 1996, Operation SafeHouse opened a transitional living program to address the growing need for safe and adequate housing for older youth and those aging out of the foster care system.

Operation SafeHouse Main Street Transitional Living Program is designed to provide 20 youth, male and female, age 18 through 21 with housing, basic needs, comprehensive services, and independent living skills in a supervised apartment setting, for up to 18 months.

Participants live independently in 1 or 2 bedroom apartments with a roommate and receive daily support provided by on-site Case Managers. Clients work closely with Case Managers to secure employment, and/or complete high school/GED requirements and to pursue further education opportunities.

Operation SafeHouse Main Street Transitional Living Program offers young adults who have no alternatives but the streets or other unsafe living conditions a safe and supportive environment that allows for positive opportunities, personal and professional growth, and life skills training. Furthermore, the agency seeks to break the cycle of homelessness, and restore emotional, physical and spiritual resiliency.

##### Number of Beds

Transitional Living Program is designed to provide 20 youth - male and female - age 18 through 21 with housing, basic needs, comprehensive services, and independent living skills in a supervised apartment setting, for up to 18 months.

##### Eligibility Criteria

- ♦ Young adults ages 18- 21 years of age and their children, if any
- ♦ Older youth transitioning out of the foster care system
- ♦ Regular school attendance and/or employment
- ♦ Clean drug test
- ♦ Willingness to enter a structured behavioral contract upon acceptance into the program

##### Program Components

The required program components include:

- ♦ Demonstrate motivation to succeed in obtaining education/employment skills/permanent housing (work toward the goal of self-sufficiency)
- ♦ Assist with the development of their own case management plans, including individual/group counseling
- ♦ When employed, agreeable to development of a savings plan
- ♦ Attend required life skill classes to develop healthy independent living

According to the statistics as reported in the Gaps Analysis for this sub-population, permanent shelters were serving a total of 126 homeless youth in 2003. This figure is 4 percent of the total homeless population based on the point-in-time census conducted during the same time period.

It is an accepted fact that not every homeless youth living-on the streets are actually counted. Therefore, the numbers are assumed to be low.

#### **2.7.5. Persons with HIV/AIDS**

According to the California Department of Health Services Aids Office there were a cumulative total of 5,032 AIDS cases reported in Riverside County through year-end 2004, of which 2,733 of those cases were reported living and 106 reported cases were located in the City of Hemet.

Over 90 percent of the cases of AIDS reported in Riverside County at the end of 2004 were men. Of the total AIDS population in the County, 72 percent were White, 7 percent were Black, 21 percent were Hispanic (all races), and the remaining Asian/Pacific Islander or American Indian/Alaskan Native percentages were not specified.

National studies have shown that at least 25 percent of people with disabling AIDS will be in need of supportive housing at some time during their illness. The housing and supportive services needs of people living with AIDS differ widely between the Eastern, Western and Mid-Regions of Riverside County.

Special needs and issues related to the HIV/AIDS population include the following:

- i. People living with HIV Disease in Riverside County are at risk of losing their housing at any time because of poverty
- ii. People with HIV Disease have complex health care needs and are often unemployed or under employed, under-insured or uninsured, which impacts their need for supportive housing.

- iii. Many people are struggling with substance abuse and mental illness in addition to AIDS
- iv. Women and families with children (where one or more are affected by HIV Disease) have unique social and support service needs, which can negatively impact their ability to maintain housing
- v. Poor rental and criminal histories make it hard for some people living with HIV Disease to find housing
- vi. Some people living with HIV Disease report that they face discrimination when looking for and trying to keep housing
- vii. Large majorities of people want to remain in their homes and live independently for as long as possible

There are two sub-populations of Homeless Special Needs within the total of those with HIV/AIDS who need appropriate housing: those referred to as "chronically homeless" (i.e., whose primary living environment has been the streets and shelters), and the "situational homeless" (i.e., who have had a stable home in the past, but have been made homeless by the financial, health, and/or social ravages of this disease).

Among the HIV/AIDS homeless special needs are:

- A Terminal Illness Preferences for Section 8 vouchers
- Referrals to housing resources and programs
- Housing advocacy
- Case management
- Set-aside units in local and federally funded affordable housing development
- Primary medical care
- Low cost health insurance
- Medication subsidy and pharmacy services
- Substance abuse counseling
- Mental health counseling

The following comprise the Non Homeless Special Needs for persons who require supportive services in order to maintain independent living:

- Case management
- Money management
- Rental subsidy
- Utility subsidy
- Fair housing services
- Primary medical care
- Food and nutritional counseling
- Meal-delivery
- Home-health care
- Substance abuse counseling

- Mental health counseling
- Medication subsidy and pharmacy services
- Dental care
- Low cost health insurance
- Transportation to medical appointment
- Child care
- Credit counseling
- Life skills

The Riverside County Health Services Agency and the Department of Public Health operates the Early Intervention Program, funded through Medi-Cal or private health insurance. This is a comprehensive assessment and monitoring of HIV antibody positive individuals by caring professionals. All services are provided confidentially or anonymously if the patient desires. These services include:

- Comprehensive physical examination with periodic rechecks
- Immune System Evaluation
- Laboratory testing
- Counseling and support services
- Health Education
- Referral to community resources
- Assistance with problem management
- Nutritional Counseling

TABLE 12(A–D) indicates the total number of AID/HIV cases that were reported for the Hemet and San Jacinto areas as of February 23, 2005.

THIS SECTION WAS INTENTIONALLY LEFT BLANK

**COUNTY OF RIVERSIDE  
REPORTED AIDS CASES  
HEMET/SAN JACINTO: PLACE OF RESIDENCE**

**TABLE 12A**

**REPORTED AIDS CASES:  
1982 -YTD 2005 (AS OF 2/23/2005)  
BY ZIP CODE OF RESIDENCE**

**Reported AIDS Cases:**

92543	51
92544	34
92545	13

Total	98
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**Reported AIDS Cases: Living**

92543	20
92544	22
92545	8

**Reported HIV+ Cases***(Reporting established 6/2002)*

92543	14
92544	6
92545	#

**Reported HIV+ Cases: Living***(Reporting established 6/2002)*

92543	14
92544	6
92545	#
<b>Total</b>	<b>23</b>

#' Cell totals less than five not reported by County  
California Department of Health Services (DHS)  
Extraction 11/01/2004

Epidemiology and Program Evaluation Branch  
Department of Public Health, Community Health  
Agency  
County of Riverside

**TABLE 12B**

**TOTAL REPORTED AIDS CASES  
BY RACE/ETHNICITY, AGE GROUP & GENDER**

**By Race/Ethnicity**

	92543	92544	92545	92548	Total
White	38	24	11	7	80
Black	#	#		#	4
Hispanic	11	8	#	#	22
<b>Total</b>	<b>51</b>	<b>33</b>	<b>13</b>	<b>9</b>	<b>106</b>

Total Living (as of 10/2004)

	92543	92544	92545	92548	Total
White	16	13	7	#	37
Black	#	#		#	#
Hispanic	#	7	#		11
<b>Total</b>	<b>20</b>	<b>21</b>	<b>8</b>	<b>#</b>	<b>51</b>

**By Age Group**

	92543	92544	92545	92548	Total
<13		#			#
13-24	#	#		#	5
25-44	32	25	8	5	70
45+	18	#	5	#	30
<b>Total</b>	<b>51</b>	<b>33</b>	<b>13</b>	<b>9</b>	<b>106</b>

Total Living (as of 10/2004)

	92543	92544	92545	92548	Total
<13		#			#
13-24		#			#
25-44	12	15	5	#	34
45+	8	#	#		13
<b>Total</b>	<b>20</b>	<b>21</b>	<b>8</b>	<b>#</b>	<b>51</b>

**By Gender**

	92543	92544	92545	92548	Total
Male	48	27	11	9	95
Female	#	6	#		11
<b>Total</b>	<b>51</b>	<b>33</b>	<b>13</b>	<b>9</b>	<b>106</b>

Total Living (as of 10/2004)

	92543	92544	92545	92548	Total
Male	19	16	7	#	44
Female	#	5	#		7
<b>Total</b>	<b>20</b>	<b>21</b>	<b>8</b>	<b>#</b>	<b>51</b>

#' Cell totals less than five not reported by County  
California Department of Health Services (DHS)  
Extraction 11/01/2004

Compiled: Epidemiology and Program Evaluation Branch  
Department of Public Health, Community Health Agency (County of Riverside\_

**TABLE 12C**  
**TOTAL REPORTED AIDS CASES**  
**BY MODE OF TRANSMISSION**

	92543	92544	92545	92548	Total
Male-male sexual contact	32	19	9	#	64
IV drug use	6	6	#	#	15
M-M sexual contact/IDU	5	#	#	#	11
Heterosexual contact	#	#	#	#	8
Transfusion	#	#	#	#	#
Risk not specified	#	#	#	#	#
Mother w/at risk for HIV	51	33	13	9	106
<b>Total Living (as of 10/2004)</b>	<b>92543</b>	<b>92544</b>	<b>92545</b>	<b>92548</b>	<b>Total</b>
Male-male sexual contact	14	11	5	#	31
IV drug use	#	#	#	#	7
M-M sexual contact/IDU	#	#	#	#	5
Heterosexual contact	#	#	#	#	6
Risk not specified	#	#	#	#	#
Mother w/at risk for HIV	20	21	8	#	51

# Cell totals less than five not reported by County  
California Department of Health Services (DHS)  
Extraction 11/01/2004  
Compiled: Epidemiology and Program Evaluation Branch  
Department of Public Health, Community Health Agency  
County of Riverside

**TABLE 12D**  
**TOTAL REPORTED AIDS CASES**

	92543	92544	92545	92548	Total
<b>Reported HIV + by Race/Ethnicity</b>					
White	7	5	#	#	14
Black	2	#	#	#	#
Hispanic	#	#	#	#	5
Asian/P.I.	#	#	#	#	#
Not stated/unknown	14	6	#	#	24
<b>Reported HIV + by Age Group</b>					
13-24	#	#	#	#	#
25-44	10	6	#	#	19
45+	#	#	#	#	#
	14	6	#	#	24

	92543	92544	92545	92548	Total
<b>Reported HIV + by Gender</b>					
Male	10	#	#	#	15
Female	#	5	#	#	9
	14	6	#	#	24

	92543	92544	92545	92548	Total
<b>Reported HIV + by Mode of Transmission</b>					
Male-male sexual contact	6	#	#	#	8
IV drug use	#	#	#	#	#
M-M sexual contact/IDU	#	#	#	#	#
Heterosexual contact	5	#	#	#	5
Risk not specified	#	#	#	#	#
	14	6	#	#	24

# Cell totals less than five not reported by County  
California Department of Health Services (DHS)  
Extraction 11/01/2004  
Compiled: Epidemiology and Program Evaluation Branch  
Department of Public Health, Community Health Agency  
County of Riverside

The National Commission on AIDS estimates that approximately one-third to one-half of all people infected with HIV who have developed AIDS are either homeless or are in imminent danger of becoming homeless. Therefore, with an average length of stay predicted at six months, this would indicate that there is a need for over 300 beds in Riverside County (from subsidized independent living to assisted living to hospice).

#### **2.7.6. Veterans**

It is estimated that there are over 7,000 homeless veterans living in Riverside and San Bernardino County. Of the survey responses received during the 2003 Homeless Census, 75 percent indicated they had served on active duty in the U.S. Armed Forces. In summer of 2003, U.S. Vets opened a 120-bed transitional housing project for homeless veterans in Western Riverside County. This is currently the only project in the County providing beds and services specifically for the homeless veteran (individuals and families with children). A variety of nonprofit agencies in the County provide outreach and assessment, full-time shelter, transitional housing and permanent housing to this sub-group of homeless.

Anyone who is homeless basically shares the same needs, such as shelter, food, clothing, medical assistance, and counseling, need of referral services, transportation, education, job training/retraining, and job placement. However, according to the Department of Veterans Services, there is a difference between the homeless veteran and other homeless persons. Some important local issues of concern to county veterans include unemployment, medical care, homelessness, lack of awareness of veterans' benefits, and affordable housing.

Due to unique problems resulting from wartime service, such as combat fatigue, stress and related illnesses, it is possible that the need for medical, psychological treatment and other related veteran services may be greater than for similar services in the general population.

Furthermore, whether a veteran is homeless or non-homeless, some possess similar traits. The veteran who seeks an agency out for service may or may not follow-up with the referral provided. VA counselors indicate there is a need for more case management services in order to meet specialized needs.

### 2.7.7. Migrant Farm Workers

This sub-group population is a huge group of workers and their families who total during the peak season. It is the opinion of several public sector organizations, that this figure falls drastically short from reality. This is due to the fact that this figure is based on Employment Development Department statistics, which only captures those individuals who seek unemployment benefits.

Farm worker housing is often substandard or nonexistent. Over the last decade much housing has been demolished and not replaced. In addition, in many areas, farm workers must move frequently (following the crops) to seek employment. Larger farms might provide labor camp housing, but often this is not the case. As a result, many farm workers must camp in the open or sleep in their vehicles.

Those, who are fortunate to find housing, often find it to be expensive, over crowded, and unsanitary. In addition, the housing often lacks safe drinking water, bathing or laundry facilities, and even adequate sanitation.

Although shelter is a major issue to this sub-group, they also face unique health challenges (occupational hazards, and depression). Generally, the migrant worker does not earn enough to pay for health care, and almost never do they have health insurance. Transportation to a health clinic, or the fear of losing wages or even losing their job due to seeking health care becomes an issue. Consequently, they go without any type of medical treatment resulting in chronic conditions and serious problems.

Farm workers are eligible to participate in assistance programs such as Medicaid, Aid to Families with Dependent Children, and Social Security Insurance, but few can actually obtain benefits. This is because of the mobility of this sub-group and the dramatic fluctuation of their income. Most benefit programs are not designed to accommodate people who move frequently, nor do the farm workers understand they are eligible for benefits.

The circumstance faced by the farm worker does not end with the migrant head of household. This poverty and migration make it difficult for the children within this sub-group to create a different future for them. Constant mobility makes it hard for the farm worker children to complete their education. Statistics show the median educational level for the head of a migrant household to be six years.

In addition, because facilities for childcare are not readily available, children will accompany their parents in the fields until they are old enough to work the fields. When children are in the fields,

occupational injury presents an even more significant risk due to immaturity. In addition to the risk the children face from lack of education and over exposure of the elements (i.e., sun, pesticides, equipment endangerment, etc.) society loses a vital resource, the children, to the perpetuation of a low economic sub-group.

### **2.7.8. Elderly and Frail Elderly**

Nearly half of the residents of Hemet are considered a special needs group by virtue of age. While indicators of need appear to be subjective, the elderly represent a particular life style exemplified by changes in living arrangements that are frequently involuntary and unwelcome. These changes can include the death of a spouse, impairments in functional abilities, and retirement. Hemet is unique in that it is a city to which senior citizens have come by choice to live out their later years.

The Riverside County Office on Aging conducts an annual needs assessment to determine the specific needs of the elderly (persons age 60+). Affordable housing has consistently been identified as a priority each year during the needs assessment. The annual needs assessment indicated the following unmet senior housing needs:

- i. Increased affordable housing for seniors through congregate housing, shared housing, senior home repair, rent control, relaxed city zoning and fees for new housing programs
- ii. Expanded assisted living programs throughout Riverside County that provide a coordinated program of support services of frail seniors in residential settings (board and care and congregate care and foster care settings)
- iii. Programs to link housing to services where the senior is the decision maker and the program is a partnership between the senior and the provider

The number one goal in senior housing, according to the Office on Aging, is to "Link Services with Housing". The trend nationally in the field of aging, and certainly as indicated in the Older Americans Act is to develop a coordinated system of community-based services that keeps older person in their individual homes or congregate living sites as long as possible.

The Demographic population estimates that Riverside County has experienced a steady growth in the 60+ populations. The 60+ minority population has shown a dramatic growth countywide and the increase in poverty for seniors has increased accordingly. Riverside County cannot economically afford to lose ground in senior housing

opportunities as preliminary projections mirror the rate of increase occurring in the previous ten years.

A variety of affordable housing options must be linked to services for the elderly. The services needed range from personal care services and adult day care facilities to in-home chore service and home repair. The need relates not only to new housing development but also to all existing housing arrangements for seniors.

The second issue, as it pertains to housing, is affordability of the units. The needs assessment completed by the Office on Aging indicated a widespread concern among seniors with regard to the supply of housing at the low-rent end.

A third issue raised at these public forums is a growing need for "Senior Home Repair" due to the trend to "age in place" which allows seniors to remain in their homes. The assessment identified a disparity in the availability of senior home repair services throughout Riverside County, and a demand for financial resources that exceeds the current supply.

Affordable housing options for seniors should include: private homes, mobile homes, apartments, independent senior retirement communities, assisted living developments, "granny flats", shared housing and foster care.

It is the goal of the Office on Aging under the Older Americans Act to target minority and very frail elderly for services so that scarce resources can address the most vulnerable. The Office on Aging offered the following recommendations:

- i. Variety of affordable housing options for low-income elderly should be included;
- ii. Affordable housing for the elderly should include design accommodations for the physical impairments of aging;
- iii. All affordable housing for the elderly should be linked to community-based support services that help sustain independent living and prevent institutionalization. A coordinated transportation service is a critical component of a successful community-based system of care; and
- iv. An affordable housing strategy for the elderly should incorporate a "holistic" approach

In addition to the preceding analysis provided by the Office on Aging, the needs of seniors were a frequent topic during the citizen participation process. The needs identified through that forum included facilities for aging persons, the inability of some seniors to perform home repair/maintenance, problems associated with aging mobile home parks, issues associated with aging in place, and high

medical costs which threaten the ability of some seniors to pay for housing. Among the resident surveys, the top need was special needs housing for the frail elderly.

### **2.7.9. Physically Disabled/Chronically Ill**

Among Southern California counties, Riverside County ranks first in population growth with a forecast average annual growth rate of 3.7 percent from 1996 to 2000. The estimated number of Riverside County residents with disabilities exceeds 190,000 persons.

The Community Access Center, a community resource, advocate and educator for Riverside County residents with disabilities, reported on 955 consumers served during the last program year. Based on the consumer reporting, the distributions of disabilities include 51 percent individuals with physical disabilities, 24 percent with mental disabilities, 17 percent sensory disabilities (visual and hearing impaired), and 8 percent cognitive disabilities. This includes developmental disabilities, learning disabilities and traumatic brain injuries. The majority of the consumers served reported having multiple disabilities.

The greatest housing need for the developmentally disabled adult is group or board and care homes. Special needs residents are faced with fewer choices for housing, particularly if financial resources are low. Physically handicapped adults, senior Alzheimer sufferers, mentally ill adults and seniors are not accommodated in the non-medical long-term care system. Residents receiving SSI benefits may have to resort to substandard housing and care due to limited choices for suitable, affordable housing.

### **2.7.10. Persons Threatened with Homelessness**

According to 2000 US Census Bureau data, more than one in five households in Riverside County (108,634) have annual incomes below 50 percent of the County median income. Over 11 percent of the households (56,043) in Riverside County are classified as very low income with household incomes of less than \$12,000 falling below 30 percent of the median. These low and very low-income households would be considered at-risk for becoming homeless on any given day.

#### **a. Public Housing Residents**

There is a group of individuals who are at-risk of becoming homeless. This threatened group is comprised of very-low income families or individuals who fall into the following categories:

- Those who recently have had a loss of employment;
- The lower income family living on the edge;
- Those who are in transition back into society; and
- Those with a lack of job skills.

For the at-risk individual, Housing Authority of the County of Riverside reported a total of 7,986 affordable housing units throughout Riverside County. As of February 1996, the Housing Authority reopened the waiting list, which had been closed since June 1992. According to the Resident Service Coordinator there are 14,371 families presently on the list. This indicates only 56 percent of those individuals waiting can be housed.

In addition, the Resident Service Coordinator identified the following special needs of public housing residents as:

- Affordable childcare
- Affordable child care
- Reliable transportation
- Basic education and English as a second language
- Access to higher education and job training
- Mental health counseling services, and
- Job seeking skills, such as resume writing and interviewing

Individuals (public housing residents) surveyed elaborated on the above identified needs as follows: security, after-school tutoring for children, playground equipment and organized team sports for children, on-site child care, support services for single parents, and conflict-resolution training for residents. In retrospect, none of these needs have changed over the last 5-years.

#### **b. Welfare to Work Residents**

For individuals receiving welfare assistance, homelessness is a symptom of extreme poverty, not merely a housing issue. It is not surprising then to find that homeless individuals share many of the same attributes of housed individuals living in poverty and receiving public assistance including:

- Low educational levels
- Incidences of domestic violence and substance abuse
- Ill health, and
- Lack of job skills and work histories.

The "back-to-work" process is a major difficulty facing the homeless. Homeless persons lack the tools needed to make

the transition to employment possible. These tools range from the very basic (proper work attire, transportation, a work-ready attitude, child care) to more critical necessities (skills that are essential to compete in today's job market, education, and mental and emotional support.) These tools are generally taken for granted, but for the homeless and the poor, they are major barriers to employment.

Riverside County's ACCESS (Access to Careers Conducive to Economic Self-Sufficiency) and California Work Opportunity and Responsibility to Kids (CalWORKS) programs focus on assisting families in moving from welfare dependence to self sufficiency through employment. Welfare-to Work Phase I is focused on reducing welfare dependence by assisting homeless individuals in returning to the work force as quickly as possible.

However, the insistence on immediate employment may lead participants into dead-end, low-paying jobs, and of course, back to their previous homeless status. A growing number of recipients do not even meet the minimum requirements necessary to participate in an employment-training program, let alone secure continuous employment. Traditional training programs typically require that participants have a high school diploma, read at the eighth grade level, possess basic work skills, and establish a permanent residency. Lacking even fundamental skills, such as reading, writing and arithmetic, homeless welfare recipients are unable to qualify for, much less succeed in, standard job training programs.

Welfare-to-Work Phase II is focused on reducing poverty by assisting parents with the increase of their self-sufficiency by acquiring a better job and a career. Elements of Riverside County's CalWORKs Program which will support families in their progress toward self sufficiency would include providing applicants with Up-front services to alleviate the need of welfare assistance, establish a more effective connection to the child support system and create linkages with the business community and economic development organizations to ensure that employment opportunities are made available.

Welfare reform in Riverside County is an evolutionary process. It does not end with the CalWORKs County Plan. Rather, the plan is the beginning of a welfare reform process which is based both on the past significant success achieved by the DPSS Gain program and the ability to create new and innovative collaborative relationships between the many public and private organizations in Riverside County which will be involved in this process.

Table 13 identifies the total of persons in Hemet according to zip code receiving cost benefit assistance. For individuals receiving welfare assistance, homelessness is a symptom of extreme poverty, not merely a housing issue. Homeless individuals share many of the same attributes of housed individuals living in poverty and receiving public assistance

**TABLE 13**  
**City of Hemet Cost Benefit Assistance 2004**

Zip code	Type of assistance	Number of cases	Number of Persons
92543	CalWORKs	965	2,596
	Non-assistance Food Stamps	494	1,233
	Medi-Cal only	2,510	4,596
92544	CalWORKs	667	1,768
	Non-assistance Food Stamps	304	841
	Medi-Cal only	1,946	3,558
92545	CalWORKs	257	660
	Non-assistance Food Stamps	169	440
	Medi-Cal only	1,089	1,923
<b>Total</b>		<b>8,401</b>	<b>17,615</b>

Source: County of Riverside DPSS Statistical Services Unit 2004

## 2.8. SPECIAL NEED SERVICES

In addition to those facilities listed previously that provide housing and supportive services for special needs populations, the following facilities are located in Hemet, San Jacinto, and Riverside County and provide supportive services only.

- i. **Care Connexus, Inc-Adult Day Care Svc-Riverside & Sun City**  
Provides day care services to mentally and physically impaired adults.
- ii. **Double Check Retreat-Alcoholic Rehabilitation- Hemet**  
Provides alcohol rehabilitation to men with chronic alcoholism. The retreat is structured on the "Twelve Step" principles and creates a safe and healthy environment. Duration of stay in this 20 bed facility is normally 30 days.
- iii. **La Vista Recovery & Wellness Center for Women- San Jacinto**  
Provides drug and alcohol treatment for women 18 years or older.
- iv. **Long-Term Care Ombudsman Program- Riverside**  
Provides services to help maintain and improve the quality of life for residents in long-term care facilities throughout Riverside County. The Program helps patients in nursing homes, board and care homes and residents of adult day health care centers.

- v. **Phoenix Programs, Inc.-Hemet**  
Provides crisis residential treatment for mentally disabled adults.  
Provides transitional housing with a clean and sober environment
- vi. **Riverside Recovery Resources, Inc. – Riverside**  
Provides prevention, intervention, drinking driver treatment programs, non-residential recovery services and residential recovery services for low income or homeless men and women with minor children in Western Riverside County.
- vii. **Inland Regional Center**  
Provides advocacy and assistance for the developmentally disabled population of Riverside and San Bernardino Counties. To qualify for services, a person must live within either of these two counties and must be diagnosed with a developmental disability.

### 3. CONTINUUM OF CARE (COC) STRATEGY

The Housing and Homeless Coalition for Riverside County (Coalition) serves as the lead entity for the Continuum of Care planning process for Riverside County. The Coalition has 136 active public and private agency that are committed to a Continuum of Care planning process. The County of Riverside/Department of Public Social Services (DPSS) is the Coalition's lead agency that provides staff support to the Coalition on an on-going basis. Staff coordinates all of the planning activities of the Coalition, schedules Coalition and Committee meetings, ensures that meeting minutes are taken, prepares reports for the Coalition and committees, and prepares reports to the Riverside County Board of Supervisors.

The Coalition has been the lead entity for the Continuum of Care planning process throughout the County of Riverside since 1995. As such, it has organized representatives of public and private agencies into local groups for the primary purpose of implementing a Continuum of Care planning process. Over the years, the Coalition has established two regional working groups divided into sub-areas that coordinate the planning process within each region and report about the planning process (issues, activities, services, goals/objectives, recommendations, etc.) to the Coalition. The Western County Regional Group consists of representatives of agencies within Sub-Region A (Riverside Metro) and Sub-Region B (I-15 Corridor). The Eastern County Regional Group consists of representatives of agencies in Sub-Region C (Inland Valleys), Sub-Region D (Coachella Valley), and Sub-Region E (Blythe Metro).

As noted above, DPSS is the Coalition's lead agency that provides staff support to the Coalition on an on-going basis. Staff coordinates all of the planning activities, meetings, and reports for the Coalition, its committees, and the Riverside County Board of Supervisors. DPSS serves as staff to the Board of Supervisors who gives final approval to each annual continuum of care application as noted more fully in section b below.

DPSS is the agency that is most familiar with the County's continuum of care system. Staff administers the Supportive Housing Program (SHP) and Shelter Plus Care (S+C) funds currently used to provide services and housing within the County's continuum of care system. Staff also provides technical assistance and oversight in the implementation of homeless programs and with grant compliance. In addition, each year, staff conducts a formal monitoring of SHP funded programs. This process includes a review of client files, beneficiary documentation, financial systems, rent calculations, and habitability standards. A report is prepared based upon the findings of each monitoring visit.

### **3.1. CoC Planning Process**

As the community's CoC planning process has grown so has the Coalition, which has resulted in one well-coordinated CoC planning process with no overlapping or duplicative efforts. It is also worth noting that the Coalition's membership has increased and diversified over the years because community agencies and individuals know that to be part of the efforts to end homelessness in the County of Riverside is to be an active member of the Coalition. In other words, the Coalition is known by State, County, City, local businesses, community agencies including the Faith-community, and community residents as the lead entity and primary coordinating body concerning homelessness in the County of Riverside. Thus, when agencies or individuals want to address an issue or need concerning homelessness they do so through the Coalition.

The Coalition is an outstanding example of a community-based approach that actively plans, develops, and implements a community-wide strategy designed to address the service and housing needs of the county's homeless population. Virtually every aspect of homeless service delivery (including homeless prevention) within the County of Riverside is coordinated through the planning activities of the Coalition. The Coalition's planning procedure is organized and coordinated to ensure that an annual planning process is developed, implemented, monitored, completed, and evaluated. Such activities include or will include:

- 1) Ensuring that there is a wide-range of public and private agency representatives including homeless and formerly homeless persons actively involved in the Coalition's plenary and committee meetings;
- 2) Implementing and evaluating a strategy to end homelessness (specifically targeting chronic homelessness) implementing and evaluating a discharge planning policy for persons leaving publicly funded institutions or systems of care in order to prevent the discharge of persons from immediately resulting in homelessness;
- 3) Identifying gaps in the county's continuum of care system and develop and prioritize services to fill gaps;
- 4) Implementing a plan to ensure that all homeless persons be individually assisted to identify, apply for, and obtain benefits under mainstream health and social services programs;

- 5) Conducting a point-in-time count of sheltered and unsheltered homeless persons every three-years;
- 6) Conducting a survey among sheltered and unsheltered homeless persons that includes questions about employment, housing needs, health care, mental health care, substance abuse, etc. every three-years;
- 7) Implementing a homeless management information system; and
- 8) Identifying current barriers and issues surrounding housing affordability and recommend solutions to current barriers limiting the production of affordable housing including supportive housing

The Coalition's plenary body meets twice a year to monitor and evaluate progress towards the activities noted above. In order to ensure progress and success, the Coalition has developed a number of "working" committees that meet between general committee meetings. These committees include:

Steering Committee, Housing and Homeless Coalition for Riverside County – which is made up of representatives from each region as well as each entitlement community, provides direction and oversight for the coalition general membership, regional groups and committees, develops annual goals and work plans and makes recommendations to the Board of Supervisors on county wide homeless policies and issues;

Census/Demographics Committee – which gathers data and provides analysis of community-based research projects including homeless counts and homeless surveys and ensures the implementation of a homeless management information system in order to help the Coalition fully understand the complexities and issues that surround homelessness;

Housing Committee – which develops and recommends strategies to remove barriers and increase the number of emergency shelters, transitional housing programs, and the production of affordable housing for very low, low, and moderate income households including supportive housing for homeless persons with disabilities;

Discharge Policy Committee – which develops and implements an approved countywide homeless prevention policy for persons leaving publicly funded institutions or systems of care who have no subsequent housing identified;

Regional Working Groups – which meet quarterly to coordinate regional continuum of care networks, implement coalition projects and activities and provide a forum for addressing regional specific issues.

The CoC planning process is also well coordinated because County of Riverside Department of Public Social Service's (DPSS) staff serves as the primary link between the private sector (the Coalition) and the public sector, which includes incorporated cities within the county and ultimately includes the County Board of Supervisors. As noted in Section a above, DPSS staff prepare reports to the County Board of Supervisors that are often based

upon findings and recommendations of the Coalition. This is important because often recommendations of the Coalition need staff and County Board of Supervisors approval. DPSS staff is able to demonstrate community support for recommendations by noting the support of the Coalition. Such support is necessary as staff moves the Coalition's recommendations for County Board of Supervisors' approval. The Board of Supervisors acts as the Commission and exercises the rights, powers, duties, and responsibilities of the redevelopment agency and housing authority for the County of Riverside. As such the Board of Supervisors oversees all of the county's projects/programs including its CoC system for homeless persons and gives final approval to each annual continuum of care application.

The Coalition and its various sub-groups and committees meet continuously throughout the year to discuss and resolve several homeless issues.

### **3.2. Continuum of Care Goals and System Under Development.**

#### **3.2.1. Chronic Homelessness Strategy/Goals**

##### **PAST PERFORMANCE.**

The Housing and Homeless Coalition for Riverside County realize that a multi-service and multi-agency approach is needed in order to develop an effective countywide service delivery system to eliminate chronic homelessness. The Coalition believes that a multi-faceted strategy and service delivery system needs to include: 1) long range planning; 2) homeless prevention; 3) discharge planning policies; 4) street outreach; 5) mainstream resources; 6) increase in emergency shelter beds; 7) permanent support housing; and 8) after-care. The specific actions taken over the past year towards ending chronic homelessness within each of the above activities includes:

(1) Long Range Planning - The Riverside County Housing and Homeless Coalition has begun developing and implementing a 10-Year Plan to End Chronic Homelessness. A consulting agency has been hired to assist in the planning process and has organized and convened a steering committee to oversee the development and implementation of the plan. There is a lot of community support for the strategy and as a result there are no obstacles at this time hindering progress.

(2) Homeless Prevention - The County of Riverside Emergency Food and Shelter Program provided 32 social service programs rental assistance since October 2003. The total amount was \$391,315. The money can be used for first month's rent for households being evicted in order to keep the household domiciled or for the first month's rent for a household in need of housing. The primary obstacle is adequate funding. The demand for rental assistance is greater than the amount of rental assistance that current funding can provide.

(3) Discharge Planning Policies - The Riverside County Housing and Homeless Coalition developed a discharge planning policy for persons leaving publicly funded or systems of care in order to prevent the discharge of persons from immediately resulting in homelessness. The policy focuses on persons being released from the Riverside County jail system, the Riverside County Regional Medical Center, and the Riverside County Department of Public Social Services Children's Services Division emancipated foster care system. The actions related to the policies are described in section b. below.

(4) Street Outreach - As noted in the Service Activity Chart below, the County of Riverside's Department of Mental Health Services operates an 18-Worker Street Outreach Team. Prior to this past year, outreach services were only for the western part of the County. During this past year, outreach services were extended to the eastern part of the County. The need for street outreach is greater than what the current teams can provide. The primary obstacle is obtaining funding for additional street outreach workers particularly for the City of Riverside where there is a large concentration of chronically homeless persons.

(5) Mainstream Resources - Quarterly meetings were convened between the County's Department of Public Social Services and CoC service providers to reinforce and improve linkage systems. As a result, the CalWorks GAIN program was expanded to two service provider sites. One obstacle is to get social service providers to identify and provide homeless prevention services (i.e.; rental assistance, utilities assistance) to the most vulnerable clients that DPSS services.

(6) Increase in Emergency Shelter Beds - A site for 50 additional "high tolerance" emergency shelter beds has been secured for the County's continuum of care system in the City of Riverside during the past year for chronically homeless individuals. There are no remaining obstacles to achieving this goal.

(7) Permanent Supportive Housing - During the past year 42 units of permanent supportive housing has been added to the County's continuum of care. The program, which is operated by the County's Department of Mental Health Services, provides these units to persons with mental health care needs. On-site supportive services are provided. The primary obstacle for permanent supportive housing is adequate funding. The demand for permanent supportive housing is greater than the amount of permanent supportive housing that can be provided through current funding sources.

(8) After-Care - The County's Department of Mental Health Services administers the Intensive Case Management Program which provides intensive interventions to mentally ill adults who need high levels of focused services to prevent relapse and remain at a least restrictive living arrangement including permanent supportive housing programs. On-site and off-site case management and outpatient services are provided as needed to such clients. Transportation, when needed, is provided by van.

### **CURRENT CHRONIC HOMELESSNESS STRATEGY.**

The Coalition will be developing and implementing a 10-Year Plan to End Chronic Homelessness based upon a multi-faceted strategy and service delivery system. The organization has determined that there are 1,032 chronically homeless persons—675 unsheltered and 357 sheltered. A summary outlining the community's strategy for ending chronic homelessness is based upon the following goals:

#### **(1) Long Range Planning**

- Develop and implement a comprehensive plan to end homelessness with the full participation of both the City and State governments as well as non-governmental providers of shelter, housing and services
- Implement One-Year Action Plans beginning in 2005 describing the progress made for the previous year and set or adjust goals and objectives for the coming year
- Set an annual target for reducing the number of homeless people including chronically homeless persons
- Implement a Homeless Management Information System to track and analyze data across continuum of care programs
- encourage all government agencies providing homeless services to track and analyze data across different publicly funded systems
- Eliminate or revise government policies that contribute to homelessness

#### **(2) Discharge Planning Policies**

- Ensure that all appropriate local and State government entities that discharge persons from publicly funded institutions or systems of care participate in the Discharge Policy Committee
- Obtain written agreements between institutions or systems of care who discharge persons and appropriate service providers to coordinate case management and discharge of homeless clients
- Make sure discharge planning begins at admission into institutions or systems of care
- Make available a range of housing options that include emergency shelter, transitional housing, permanent supportive housing, and affordable housing including subsidized units.

### (3) Street Outreach

- Implement street outreach teams throughout the County that will target chronically homeless persons and focus on outreach and engagement as the first steps to helping them link to a supportive service system and eventually exiting their lives from the streets
- Outreach workers will develop an Outreach Standards of Care document to effectively work with the chronically homeless population
- Outreach workers will create an on-going training schedule as part of their Standards of Care

### (4) Mainstream Resources

- Increase the number of homeless service providers systematically assisting clients with completing applications for mainstream benefit programs
- Systematically analyzes each project's APR to assess and improve access to mainstream programs
- Implement a continuum of care system that has a majority of homeless service providers use a single application form for four or more of the above mainstream programs
- Implement a continuum of care system that systematically provides outreach and intake staff with ongoing training on how to identify eligibility and program changes for mainstream programs
- Implement a CoC system that has an increasing number of specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs
- Increase the number of homeless service providers that supply transportation assistance to clients to attend mainstream benefit appointments
- Increase the number of homeless service providers that have staff systematically follow-up to ensure that mainstream benefits are received.

### (5) Emergency Shelter Beds

- Add 100 new emergency shelter beds with case management services for the chronically homeless
- Significantly increase case management services within a "high tolerance approach" for winter shelter programs whose residents are often the most service-resistant and chronically homeless

### (6) Permanent Support Housing

- Create two 25-bed safe haven programs for chronically homeless adults who are seriously mentally ill and who may have substance abuse issues
- Provide 200 units of permanent supportive housing for chronically homeless adults who are seriously mentally ill and/or have substance abuse issues

(7) After-Care

- Reorganize the Systems of Care (SOC) Division within the County's Department of Mental Health (DMH) to create a new organizational structure that would combine the department's homeless efforts and create a primary point of contact for homeless issues within DMH.

(8) Homeless Prevention

- Increase funding for rental assistance for households (including chronically persons who were re-housed) threatened with eviction so they are able to maintain their housing
- Increase funding for rental assistance for households (including chronically persons who were re-housed) who lose their housing because of eviction so they are re-housed as quickly as possible

**FUTURE GOALS TO END CHRONIC HOMELESSNESS**

Goal:	Action Steps	Responsible Organization	Target Dates
<p><b>End Chronic Homelessness</b>  <b>Goal 1: Strategic Planning - Continue to conduct a planning process to develop and implement a 10-Year Plan to End Homelessness</b></p>	<ol style="list-style-type: none"> <li>1. Continue to consult with a consultant to assist in planning process</li> <li>2. Continue to convene a steering committee of key persons to oversee the implementation of the plan</li> <li>3. Continue to identify vision, goals, objectives for ending homelessness</li> <li>4. Continue to obtain information from community stakeholders</li> <li>5. Draft preliminary plan for public input</li> <li>6. Incorporate public input into final plan</li> <li>7. Review and release final plan</li> </ol>	<ol style="list-style-type: none"> <li>1. County DPSS</li> <li>2. County DPSS</li> <li>3. Steering Committee-</li> <li>4. County DPSS</li> <li>5. Institute for Urban Research and Development</li> <li>6. Institute for Urban Research and Development</li> <li>7. Steering Committee and Riverside County Board of Supervisors</li> </ol>	<ol style="list-style-type: none"> <li>1. 8/04 – 4/05</li> <li>2. 8/04 – 4/05</li> <li>3. 8/04 – 4/05</li> <li>4. 9/04 – 4/05</li> <li>5. 1/05 – 2/05</li> <li>6. 3/05 – 4/05</li> <li>7. 5/05 – 6/05</li> </ol>
<p><b>Goal 2: Define the population that experiences chronic homelessness and itemize their service needs.</b></p>	<ol style="list-style-type: none"> <li>1. Analyze Homeless Survey to define chronic homeless persons and there service needs</li> <li>2. Complete Report with findings</li> <li>3. Give Report to Steering Committee with recommendations for service needs for approval</li> </ol>	<ol style="list-style-type: none"> <li>1. Institute for Urban Research and Development</li> <li>2. Institute for Urban Research and Development</li> <li>3. Steering Committee</li> </ol>	<ol style="list-style-type: none"> <li>1. 8/04 - 12/04</li> <li>2. 1/05</li> <li>3. 2/05</li> </ol>
<p><b>Goal 3: Develop homeless prevention activities</b></p>	<ol style="list-style-type: none"> <li>1. Funding will be increased for rental assistance for house-holds threatened with eviction so they are able to maintain their housing</li> <li>2. Funding will be increased for rental assistance for households who lose their housing because of eviction so they are re-housed as quickly as possible</li> <li>3. Develop a homeless prevention program for the City of Riverside</li> </ol>	<ol style="list-style-type: none"> <li>1. Emergency Food and Shelter Program</li> <li>2. Emergency Food and Shelter Program</li> <li>3. City of Riverside</li> </ol>	<ol style="list-style-type: none"> <li>1. 7/04 – 6/05</li> <li>2. 7/04 – 6/05</li> <li>3. 7/04 and on-going</li> </ol>

Goal: End Chronic Homelessness	Action Steps	Responsible Organization	Target Dates
<p><b>Goal 4: Increase emergency shelter beds and case management for chronically homeless population</b></p>	<p>1. Emergency shelter beds will be increased by 20 as well as case management for chronically homeless population</p>	<p>1. County DPSS</p>	<p>1. 11/04 and on-going</p>
<p><b>Goal 5: Increase coordination and use of mainstream resource programs</b></p>	<p>1. increase the number of homeless service providers systematically assisting clients with completing applications for mainstream benefit programs                  2. Systematically analyze each project's APR to assess and improve access to mainstream programs                  3. Implement a continuum of care system that has a majority of homeless service providers use a single application form for four or more of the above mainstream programs                  4. Increase the number of homeless service providers that systematically provide outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs                  5. Increase the number of homeless service providers that has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs                  6. Increase the number of homeless service providers that supply transportation assistance to clients to attend mainstream benefit appointments                  7. Increase the number of homeless service providers that have staff systematically follow-up to ensure that mainstream benefits are received.</p>	<p>1. County DPSS                  2. County DPSS                  3. County DPSS                  4. County DPSS                  5. County DPSS                  6. County DPSS                  7. County DPSS</p>	<p>1. 7/04 and on-going                  2. 7/04 and on-going                  3. 7/04 and on-going                  4. 7/04 and on-going                  5. 7/04 and on-going                  6. 7/04 and on-going                  7. 7/04 and on-going</p>

Goal: End Chronic Homelessness	Action Steps	Responsible Organization	Target Dates
<p><b>Goal 6: Increase the supply of appropriate housing for chronic homeless persons</b></p>	<p>1. 50 units of permanent supportive housing will be provided for chronic homeless persons with mental health and/or substance abuse issues</p>	<p>1. County DPSS</p>	<p>1. 7/05</p>
<p><b>Goal 7: Create an Access Center/Entry Point into Region A's local continuum of care system</b></p>	<p>1. An Access Center will be developed with multiple case managers (mental health, substance abuse treatment, etc.) with the City of Riverside</p>	<p>1. City of Riverside</p>	<p>1. 5/05</p>
<p><b>Goal 8: Implement Discharge Planning Policy to prevent the discharge of persons from institutions and systems of care from becoming homeless</b></p>	<p>1. Ensure that all appropriate local and State governments discharge persons from publicly funded institutions or systems of care participate in Discharge Planning Policies                  2. Obtain written agreements between institutions or systems of care who discharge persons and appropriate service providers to coordinate case management and discharge of homeless clients                  3. Make sure discharge planning begins at admission into institutions or systems of care                  4. Make available a range of housing options that include emergency shelter, transitional housing, permanent supportive housing, and affordable housing including subsidized units.</p>	<p>1. County DPSS – Institute for Urban Research and Development                  2. County DPSS – Institute for Urban Research and Development                  3. County DPSS – Institute for Urban Research and Development                  4. County DPSS – Institute for Urban Research and Development</p>	<p>1. 7/04 and on-going                  2. 7/04 and on-going                  3. 7/04 and on-going                  4. 7/04 and on-going</p>
<p><b>Goal 9: Long range planning</b></p>	<p>1. Implement a One-Year Action Plan for July 2004 – June 2005 describing the specific goals and objectives for the coming year                  2. Implement One-Year Action Plans for subsequent years describing the specific goals and objectives for coming year</p>	<p>1. County DPSS – Institute for Urban Research and Development                  2. County DPSS Institute for Urban Research and Development–</p>	<p>1. 7/04                  2. Each year from July – June</p>

### **COORDINATION.**

The Riverside County Continuum of Care system covers the Riverside County's "10-Year Strategy to End Chronic Homelessness." The County's 10-Year Strategy has been endorsed by the Board of Supervisors which is the governing body of the County. The County's Department of Public Social Services is the department that is in charge of the formulation and implementation of the 10-Year Strategy. Efforts made to ensure coordination between the strategy and the overall CoC strategy includes:

- The establishment of the "10-Year Strategy Working Group" which is made up of a wide range of community stakeholders that includes several members of the Housing and Homeless Coalition of Riverside County;
- The 10-Year Strategy to End Chronic Homelessness will include CoC strategies/goals for chronic homeless persons including the need for permanent supportive housing, access to mainstream resources, discharge planning, aftercare, etc.;
- DPSS staff will ensure coordination between the 10-Year strategy and the overall CoC strategy by making sure the Coalition and its committees are a significant part of the 10-Year strategy planning process and that CoC strategies/goals for chronic homeless persons will be included within the strategy before the Board of Supervisors approve the strategy.

#### **3.2.2. Other Homelessness Goals Charts**

In relation to the "Other Homelessness Goals Chart" identified in our 2003 HUD Application, we have achieved the following: 1) through the development of community task forces, we have gained jurisdictional and community support for new projects in the cities of Riverside, Lake Elsinore, and Moreno Valley; 2) through increased technical assistance, we have strengthened administrative and programmatic capacity of current and new service providers; 3) through the creation of a new organizational structure, we have enhanced communications and expanded participation in the continuum of care at the countywide and regional levels; 4) through the expansion of the continuum of care community planning process, we have identified qualified organizations to pursue the development of new programs and projects at the regional level and countywide; 5) through existing County resources, we have continued efforts to expand and modify the County HMIS system by incorporating more agencies into the program; and 6) funded a liaison position for homeless children and youth within the Riverside Unified School District.

Other accomplishments made over the past year in addressing your community's other homelessness goals include:

Rental Assistance- 8,000 low-income households were assisted through Section 8 Housing Choice Voucher Program

Income Support - 20,645 households were assisted through the DPSS CalWORKs program; 30,314 households were assisted through the DPSS Food Stamps program; 182 households were assisted through the DPSS General Relief Program; and 1,619 households were assisted through the DPSS CALWORKS Homeless Program.

Other goals and specific action steps that your community has developed to address homelessness.

Goal: Other Homelessness	Action Steps	Responsible / Organization	Target Dates
<p><b>Goal 1: Capacity Building: Increase the capacity of service providers to provide permanent supportive housing in their geographic areas</b></p>	<ol style="list-style-type: none"> <li>1. Identify agencies with sufficient managerial capacity, systems and appropriate mission to create and operate permanent housing including permanent supportive housing</li> <li>2. Provide training in housing development to selected agencies</li> <li>3. Identify agencies with extensive experience in developing and operating permanent housing to partner or mentor developing agencies</li> <li>4. Identify and coordinate resources, in addition to CoC funds, for project development</li> </ol>	<ol style="list-style-type: none"> <li>1. County DPSS - Institute for Urban Research and Development</li> <li>2. County DPSS - Institute for Urban Research and Development</li> <li>3. County DPSS - Institute for Urban Research and Development</li> <li>4. County DPSS - Institute for Urban Research and Development</li> </ol>	<ol style="list-style-type: none"> <li>1. 10/04 and ongoing</li> <li>2. 11/04</li> <li>3. 7/04 and ongoing</li> <li>4. 7/04 and ongoing</li> </ol>
<p><b>Goal 2: Increase supply of affordable housing</b></p>	<ol style="list-style-type: none"> <li>1. Continue to use local, state, and federal funding to increase the supply of affordable housing targeted to very low, low, and moderate income households</li> </ol>	<ol style="list-style-type: none"> <li>1. County of Riverside Economic Development Agency</li> </ol>	<ol style="list-style-type: none"> <li>1. 7/04 and ongoing</li> </ol>
<p><b>Goal 3: Provide rental assistance to at-risk for homelessness households</b></p>	<ol style="list-style-type: none"> <li>1. Provide rental assistance to 8,000 at risk for homelessness households</li> </ol>	<ol style="list-style-type: none"> <li>1. County of Riverside Housing Authority –</li> </ol>	<ol style="list-style-type: none"> <li>1. 7/04 and ongoing</li> </ol>
<p><b>Goal 4: Develop program guidance showcasing exemplary practices</b></p>	<ol style="list-style-type: none"> <li>1. Identify actual experiences that demonstrate how effective collaboration can be achieved between private service providers and/or public service providers</li> </ol>	<ol style="list-style-type: none"> <li>1. County DPSS- Institute for Urban Research and Development</li> </ol>	<ol style="list-style-type: none"> <li>1. 7/04 and ongoing</li> </ol>
<p><b>Goal 5: Provide employment development services</b></p>	<ol style="list-style-type: none"> <li>1. Provide job readiness services to 500 households</li> </ol>	<ol style="list-style-type: none"> <li>1. County of Riverside Economic Development Agency – Workforce Development</li> </ol>	<ol style="list-style-type: none"> <li>1. 7/04 and ongoing</li> </ol>
<p><b>Goal 6: Evaluate and develop initiatives to expand and improve access to mainstream resources for families</b></p>	<ol style="list-style-type: none"> <li>1. Convene mainstream programs and evaluate agencies' effectiveness in preventing families from becoming homeless</li> </ol>	<ol style="list-style-type: none"> <li>1. County DPSS - Cathy Welborn; Institute for Urban Research and Development</li> </ol>	<ol style="list-style-type: none"> <li>1. 7/04 and on-going</li> </ol>

### 3.3. Fundamental Components in CoC System (Service Activity)

#### 3.3.1. Component: PREVENTION

##### Eviction Assistance

Catholic Charities Emergency Fast Response and Optional Relocation Assistance Program provides emergency assistance and case management (includes locating housing and providing transportation, food, and clothing when necessary) for displaced households due to eviction.

Ageless Reflections Senior Assistance provides rental assistance, utilities assistance, and household supplies to seniors threatened with eviction.

Community Pantry provides emergency eviction assistance to Hemet and San Jacinto residents. Clients are screened for previous use. Eligibility: Anyone in the Poverty/Low-income category.

##### Rental Assistance

The Housing Authority of the County of Riverside administers the Affordable Public Housing Program. The program allows households to pay 30 percent of your monthly income for rent. Low-income families, elderly and disabled residents that live or work in the County of Riverside are eligible to apply. Catholic Charities in Riverside, Moreno Valley, Perris, Hemet, and Indio provides emergency rent assistance.

USDA Rural Development serving east county provides financial and technical resources for low income rental and house purchase in rural areas.

Community Pantry provides emergency rent assistance to Hemet and San Jacinto residents.

Corona/Norco Settlement House provides emergency rent assistance in the areas of Corona, Home Garden, Mira Loma, and Norco.

Salvation Army Riverside, Moreno Valley, Corona, Cathedral City, Murrieta provides emergency rent assistance and emergency disaster relief.

Perris Valley Family Resource Center provides emergency services when funding is available for utility and rental assistance.

##### Income Support

The County of Riverside Department of Public Social Services administers the CaWORKs program provides temporary financial

assistance and employment focused services to families with minor children who have income and property below State maximum limits for their family size. Most able-bodied aided parents are also required to participate in the CalWORKs L.A. GAIN employment services program.

The County of Riverside Department of Public Social Services administers the CalWORKs/GAIN program--the County's Welfare-to-Work Program. GAIN assists participants with their entry or reentry to the workforce so they can work their way back to self-sufficiency and leave temporary assistance. Services are extend to employers as well.

The County of Riverside Department of Public Social Services administers the Food Stamp Program which provides coupons with a dollar value for low income households to ensure that their nutritional needs are met. By subsidizing a portion of a household's food budget, food stamps lessen the need for a family to choose between food and rent.

The County of Riverside Department of Public Social Services administers the General Relief Program which provides temporary cash (purchase orders) aid to indigent adults and certain sponsored legal immigrant families who are eligible for federal or state programs.

Social Security Administration administers the Social Security and Supplemental Security Income disability programs that provide assistance to people with disabilities. Both programs only serve individuals who have a disability and meet medical criteria may qualify for benefits under either program. Supplemental Security Income (SSI) is a Federal income supplement program designed to help aged, blind, and disabled people, who have little or no income. It provides cash to meet basic needs for food. Supplemental Security Income disability program provides a safety net if someone becomes disabled. Recipients receive benefits based on their earnings record.

California Employment Development Department provides Unemployment/Disability Insurance benefits; referral to job and/or supportive services, job search workshops, employment counseling, services for disabled veterans and other disabled individuals, persons over 40, youth, ex-felons, minorities and women. All areas served.

#### Housing Subsidies

The County of Riverside Housing Authority administers the tenant-based Housing Choice Voucher Program (HCVP), a federally funded program, which assists low-income households obtain affordable, decent, safe, and sanitary housing. The assistance is in the form of a

rental voucher that is issued to an eligible household. The household is responsible for locating a suitable rental unit within the city that meets its needs. The program makes monthly housing assistance payments to the property owner who leases the rental unit to the assisted household. The assistance payments make up the difference between what a low-income household can afford and the approved rent for the dwelling unit. Rents must be reasonable in relation to rents charged for comparable non-assisted dwelling units in the market area, and may not exceed the maximum levels determined by HUD. Assisted households pay at least 30% of their adjusted income for rent. All units leased with HCVP assistance meet federal housing quality standards and are inspected annually.

RIVERSIDE COUNTY ECONOMIC DEVELOPMENT AGENCY in collaborative efforts with the Housing Authority of the County of Riverside offers the Riverside County FTHB Program. It is designed to provide assistance to lower income persons in the purchase of their first home. Assistance may be provided for the down payment and in some cases, a portion of closing costs associated with the purchase of a home. The amount of assistance available depends upon the buyer's qualifications and the price of the home. This Program may be utilized to purchase a home in the following locations: (1) all unincorporated areas of Riverside County or (2) within the City Limits of the following jurisdictions: Banning, Beaumont, Blythe, Canyon Lake, Cathedral City, Desert Hot Springs, Indio, Lake Elsinore, La Quinta, Murrieta, Norco, Perris, San Jacinto, and Temecula.

RIVERSIDE COUNTY ECONOMIC DEVELOPMENT AGENCY in collaborative efforts with the Housing Authority of the County of Riverside offers the Mortgage Credit Certificate (MCC) Program. A Mortgage Credit Certificate (MCC) entitles qualified first-time homebuyers to a credit on their federal income taxes equal to a portion of the interest paid during the year on a home mortgage. This tax credit allows the buyer to qualify more easily for a loan by increasing the effective income of the buyer. Riverside County can issue MCC's to buyers who are purchasing a home that is located in any unincorporated area or within the boundaries of a participating city. Currently, the following cities are participating in the County's MCC Program: Banning, Beaumont, Blythe, Canyon Lake, Cathedral City, Corona, Desert Hot Springs, Hemet, Indio, Lake Elsinore, La Quinta, Moreno Valley, Murrieta, Norco, Perris, Riverside, San Jacinto and Temecula.

#### Rehabilitation Assistance

The City of Riverside Housing Development Corporation (RHDC) Housing Rehabilitation Program helps low and moderate income people rehabilitate their homes. Low interest loans and a limited number of grants are available to help finance housing repairs for

income eligible homeowners. Rehabilitation Loans: These loans provide up to \$40,000 for rehabilitation. They are available at 3% simple interest and are repayable over 20 years. A Deed of Trust is used to secure the loan (as a lien on the property). Senior and Disability Grant: Grants up to \$5,000 are available to seniors and persons with disabilities to make necessary housing repairs or modifications that allow disabled access. Emergency Grant: Grants of up to \$5,000 are available to correct emergency problems. An emergency problem is considered to be a situation which threatens the health and safety of the household residents.

Rebuilding Together Riverside (RTR), a non-profit organization dedicated to promoting affordable housing in the City of Riverside and surrounding communities. The mission of RTR—an affiliate of the national Rebuilding Together organization is to utilize volunteer labor and donated materials to repair and rehabilitate the homes of low-income elderly and disabled persons that have emergency health and safety problems.

The County of Riverside Economic Development Agency administers the Mobile Home Park Assistance Loan Fund. Through this fund, the agency offers loans to improve mobile home parks which are in danger of closure due to lack of compliance with federal and state law and regulations and local ordinances.

Central County United Way administers the Senior Home Repair Program that assists seniors with minor home repairs such as handicap railings, faucets, swamp coolers, and roof leaks.

Riverside Office on Aging serving all of Riverside County in partnership between the Economic Development Agency, the Office on Aging and various Senior Home Repair sites throughout Riverside County. This program offers free minor home repair with a \$250.00 maxim per year per unit and a one-time ONLY enhanced program up to \$3,000.00. The unit must be owner occupied and be a low income senior citizen 60 years and over. There is no age requirement for a handicapped person family. Eligibility: Homeowner Age 60+ or handicapped; low income 1 person \$15,150 per year, 2 persons \$17,300 per year maxim.

Riverside County Office on Aging and Hemet Senior Service Center in collaborative efforts with Community Action is dedicated to reducing poverty and providing Energy & Housing Improvement for low-income people. Eligibility: Low income people or homeless Areas served: Central County.

Desert Samaritans for the Elderly provides air conditioning/heating units, water heaters, and home repair appliances, etc. Guidelines allow financial aid to be paid directly to providers only, not to

individual seniors. Eligibility: Older Adults, Low-Income. Areas served: East County

Riverside County Department of Community Action offers the Energy Assistance Programs (HEAP) in Riverside, Hemet, Palm Springs, and Blythe. Free Weatherization services to income qualifying residents, (either renters or owners) include insulation, weather-stripping, minor repairs and conservation measures. Eligibility: Low Income, Riverside County Resident. Eligibility: Low income. Service areas: Central, Southwest, West, and East Counties.

Lead Education and Abatement Program (LEAP) Program developed to educate and assist residents in the City of Riverside with hazards posed by lead-based paint. Offers education about the dangers of Lead poisoning. Referrals to the appropriate medical facilities to identify children under 6 years old with elevated blood lead levels and to agencies that identify and render harmless lead-based paint hazards. Eligibility: Low to moderate income, living in hazard areas of Riverside County.

#### Mortgage Assistance

The Community Investment Corporation (CIC) implements the Riverside Down Payment Assistance Program. This program provides "silent second" mortgages of up to \$40,000 to fill the gap between the approved first trust deed mortgage and the purchase price of the home. The loans are fully forgivable upon completion of program requirements.

The Lease-to-Purchase program enabling households to buy a home of their choice for 1% down is administered by the Riverside/San Bernardino Housing and Finance Agency (RSBHFA). The Agency will purchase the home for a household by taking on a mortgage, financing the down payment and paying all of the closing costs. The household will pay a one percent fee to the Agency and lease the home from the Agency for 39 months. During the lease term the household must make your payments on-time, maintain your home in proper conditions, and work on past credit problems. At the end of the lease the household can buy the home from the Agency by assuming the existing mortgage. No additional down payment or closing costs are required.

The County of Riverside Economic Development Agency administers a The First Time Home Buyer Program (FTHB) Down Payment Assistance Program. The program assists low-income, first-time homebuyers in the purchase of a home in Riverside County. Assistance may be used for a portion of the down payment and/or non-recurring closing costs and is provided as a silent second mortgage secured by the buyer's home. No payment is required until

the home is sold, transferred, or ceases to be the buyer's principal residence.

The County of Riverside a Mortgage Credit Certificate (MCC) Program provides first-time homebuyers with a federal income tax credit that increases their ability to qualify for a mortgage. The amount of the tax credit is equal to 15% of the homebuyer's annual mortgage interest payment. This amount is taken annually as a dollar-for-dollar credit against the homeowner's federal income tax liability.

Community Pantry provides emergency mortgage assistance to Hemet and San Jacinto residents. Clients are screened for previous use. Eligibility: Anyone in the Poverty/Low-income category.

Corona/Norco Settlement House provides emergency mortgage. All services subject to availability and eligibility. Eligibility: Low income families or senior/disabled persons or homeless. Areas served: Corona, Home Garden, Mira Loma, Norco

USDA Rural Development serving east county provides financial and technical resources for low income rental and house purchase in rural areas. Eligibility: Dependent on property location, household size and income.

#### Discharge Programs

Riverside County Regional Medical Center Inpatient Treatment Facility (ITF) functions as the psychiatric department of Riverside County Regional Medical Center (RCRMC). The Inpatient Unit provides medication, individual, and group therapy in a structured, supervised setting as well as discharge planning and coordination, placement services, and referrals all geared to stabilize the individual for return to maximum productivity as soon as possible. The services consist of psychiatric emergency evaluation, treatment, and adult inpatient care.

Alternative Sentencing Program while incarcerated, all referred inmates receive a mental health evaluation by a qualified mental health staff member to determine the presence of a mental disturbance and the scope of the services required. A mental health professional can make an appeal to the court that the inmate can be maintained and treated in the community. Once released from jail, clients will receive a multi-disciplinary assessment and client generated goals as a focus for their treatment. Program interventions include substance abuse counseling, group therapy, occupation/recreational therapy, and psycho educational groups.

Long Term Care Coordination (LTC)/State Hospital Contract monitoring of extended-care contract facilities to assess contract

compliance, facility performance, client outcomes, quality of care, coordination and facilitation of communication between these facilities and other agencies within the department regarding changes, problems, or incidents that may have an effect on client care. Case Management: assists with placement, applying for entitlement programs, and advocating for the client in obtaining additional outpatient services. Mental Health Discharge Planning: follow up mental health referrals for ongoing outpatient services will be afforded all clients who request services. These services may involve contact with the client's family/support system.

#### Medical Assistance

The County of Riverside Department of Public Social Services implements the Medi-Cal Program which provides free or low cost health care coverage to persons who are elderly, disabled, and parent(s) or children up to age 21.

The County of Riverside Department of Public Social Services implements the Former Foster Care Children Program which provides full, no cost Medi-Cal for persons who were in foster care on their 18th birthday and who were released from foster care due to age; coverage can continue the 21st birthday.

Women, Infants, and Children (WIC) provides women who are pregnant with low income with health care services and vouchers for buying food to keep the pregnant mother and infant healthy.

Access for Infants and Mothers (AIM) is a health insurance program for certain pregnant women and infants which is administered by the California Major Risk Medical Insurance Board (MRMIB).

The State of Children's Health Intervention Program or the State of California Healthy Families Program is a state and federally-funded health coverage program for children with family incomes above the level eligible for no-cost Medi-Cal and below 250% of the Federal Income Guidelines (\$38,160 for a family of three). The program pays most of children's costs for visits to doctors, dentists, and specialists. The insurance plans also contracts with clinics, laboratories, pharmacies, and hospitals for children's health care.

Riverside County Department of Public Social Services offers In-Home Supportive Services to enable aged, blind and disabled individuals to remain safely in their own home. As for alternative to out-of-homecare, services include essential housekeeping, meal preparation, non-medical personal services, and paramedical services under a physician's supervision. Eligibility: Current eligibility and those receiving SSI/SSP except for excess non-exempt income, and certain disabled individuals engaged in gainful activity who were once eligible for SSI/SSP.

Inland Empire Health Plan Healthy Kids Program provides low cost health insurance for most children that don't qualify for Medi-Cal or Healthy Families. Coverage includes well-child visits, immunizations, prenatal/postnatal care, prescriptions, doctor's office visits, hospital care, emergency ambulance, dental care and vision exams plus frames and lenses. Eligibility: Youth, Children, Infants/Toddlers, Newborns, Pregnant Women, Low-Income. Areas served: Riverside County.

Catholic Charities Perris Family Resource Center offers onsite Healthy Children Connection, Healthy Families/Medi-Cal enrollment and free immunization clinic. WIC information is available. Eligibility: Low income. Areas served: Bermuda Dunes, Cathedral City, Coachella, Desert Hot Springs, Indio, Indio Hills, North Palm Springs, Rancho Mirage

Catholic Charities Rubidoux Community Resource Center offers on site services for prenatal care, family planning, psychological counseling, and public health nurse in home visitation. Healthy Children Connection, Healthy Families/Medi-Cal enrollment, free immunization clinic, and WIC information. Eligibility: Low income. Service areas: Glen Avon, Mira Loma, Riverside, Rubidoux, Sunnyslope

Mecca Family and Farm Workers offers onsite Healthy Families enrollment, free immunization clinic, public health nurse in home visitation. WIC information is also available. Riverside County Department of Social Services has on site representatives to help clients apply for Medi-Cal, food stamps, CalWORKS and all other programs administered by DPSS. Eligibility: Low income. Areas served: Mecca, North Shore, Oasis, Thermal

Desert Hot Springs Family Resource Center offers Healthy Children Connection, Healthy Families/Medi-Cal enrollment and free immunization clinic. Eligibility: Low income. Areas served: Bermuda Dunes, Cathedral City, Coachella, Desert Hot Springs, Indio, Indio Hills, North Palm Springs, Rancho Mirage

Desert Samaritans for the Elderly provides Financial Assistance to low-income seniors for medically required healthcare costs not covered by Medicare, Medi-Cal, Senior HMO, or Private Insurance. Guidelines allow financial aid to be paid directly to providers only, not to individual seniors. Eligibility: Older Adults, Low-Income. Areas served: East County

Medically Indigent Services Program provides for the health care needs of the eligible indigent adult population between the ages of 21 and 64 at no or reduced cost. Emergency care is provided by

Riverside County Regional Medical Center. Eligibility: Low income and/or homeless. Areas served: Riverside County.

Inland Empire Health Plan Program provides low cost health insurance for most children that don't qualify for Medi-Cal or Healthy Families. Coverage includes well-child visits, immunizations, prenatal/postnatal care, prescriptions, doctors' office visits, hospital care, emergency ambulance, dental care and vision exams plus frames and lenses. Eligibility: Youth, Children, Infants/Toddlers, Newborns, Pregnant Women, and Low-Income. Areas served: Riverside County.

National Kidney Foundation of Southern California provides information about kidney disease and fundraising for research and some financial assistance for patients with kidney disease. Provides information for kidney patients and their families. Also has support group information Eligibility: Must have kidney failure requiring dialysis treatment for financial assistance. Eligibility: Disabilities. Areas served: Riverside County.

National Life Center provides local pregnancy assistance, free pregnancy tests, medical assistance, baby clothes, diapers, as well as information on prenatal care and WIC program. Eligibility: Infants/Toddlers, Pregnant Women. Areas served: Riverside County.

Riverside Life Services offers assistance with maternity and baby needs. Educational programs and resource referrals. Medical assistance through Riverside Life Community Clinic. Eligibility: Infants/Toddlers, Newborns, Pregnant Women. Area served: West county.

VALLEY HEALTH SYSTEM offers three emergency hospitals Hemet Valley Medical Center, Menifee Valley Medical Center and Moreno Valley Community Hospital. Each facility offers an acute care hospital with 24 hour emergency service. Inpatient and outpatient medical, pediatrics and surgical services. Maternity and women's services. Physical rehabilitation services, including, physical, speech and occupational therapy. Valley HealthLine an information and physician referral service available (800) 800-8525. Eligibility: None. Areas served: Central County, Southwest County, and West County.

RIVERSIDE COUNTY DEPARTMENT OF PUBLIC HEALTH SERVICES provides Primary Care. Services are limited to uncomplicated medical conditions and some post-hospital follow-up, with any patients requiring extensive evaluation being referred to Riverside General Hospital. Primary Care services are targeted to Medi-Cal recipients who elect to use County Health Clinics.

Eligibility: Medi-Cal/Medicaid Recipients. Areas served: Throughout Riverside County.

Temecula Family Health Center provides health care to low to moderate income patients. General medicine, pre-natal care, nutrition, health education, child birth education, free pregnancy testing, family planning, well child exams, immunizations and WIC services on site. Eligibility: Low to moderate income. Areas served: Southwest County.

Community Health Systems, Inc. offers three facilities: Arlington Community Dental Clinic, Eastside Health Center and Dental Clinic, Fallbrook Family Health Center and Dental Clinic and Inland Empire Community Health Center and Dental Clinic provides dental services include fillings, cleanings, dentures, root canals and crowns. Payment Programs: Medi-Cal, CHDP, Healthy Families, Delta Dental, Headstart. Eligibility: Low income. Serves West county, Southwest county and all other areas.

Project Kind Free provides medical, vision and dental care for children who come from low-income families. Eligibility: Youth, Children and Low-Income. Area served: West County.

Riverside County Mental Health provides information and referral services, intake assessments, crisis intervention, psychiatric evaluations, psychiatric treatment, case management, dual diagnosis services, 5150 evaluations, and short-term therapy to severely mentally ill adult and older adult citizens. Children's Evaluation Services Unit provides stabilization services for minors experiencing an acute psychiatric emergency. Serving all of Riverside County.

RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM offers outpatient, group counseling, recovery groups, individual counseling, substance abuse education, and referrals to substance abusing adults, adolescents, and their families. The program emphasizes a cognitive approach and encourages clients to attend community based support groups such as Narcotic Anonymous, Alcoholic Anonymous, Cocaine Anonymous and Rational Recovery as part of their recovery program. Classes on substance abuse treatment and parenting skills are also offered to families and significant others of clients as well as aftercare groups focusing on relapse prevention.

#### Basic Needs Assistance

There are more than 30 agencies that provide basic needs such as clothing, food, motel vouchers, household supplies, transportation assistance, and utility assistance to at-risk-to-homelessness households.

**Services planned:** The City of Riverside has approved within its recently adopted Homeless Action Plan a “Homeless Prevention Program. This program will target households who are at-risk to homelessness including previously homeless households who have been re-housed and need the supportive services to remain domiciled.

**How persons access/receive assistance:** County administered income supports, including General Relief and CalWORKS, are accessed through the Department of Public Social Services offices which are located Countywide. SSI and SSDI are accessed through the Social Security offices also located countywide. Homeless or at-risk to homeless persons become aware of how to access and receive assistance through the information and referral services offered by non-profits throughout the county. The Department of Public Social Services offices also provide referrals and services concerning prevention.

### **3.3.2. Component: OUTREACH**

The Coalition is committed to eliminating chronic homelessness within 10 years by making a key part of an overall strategy street outreach. The County of Riverside’s Department of Mental Health deploys 18 street outreach workers county-wide which has been the first and most crucial step in connecting homeless persons living on the street to necessary supportive services and housing. There are nine (9) two-person teams that travel throughout the County daily—four (4) teams travel throughout the more populated are Region A (Riverside Metro), two (2) teams in Region B (I-15 Corridor), one (1) team in Region C (Inland Valleys), one (1) team in Region D (Coachella Valley), and one (1) team in Region E (Blythe). Two approaches to outreach have been used: 1) mobile outreach by van and by foot; and, 2) program-based outreach at social service sites for homeless persons. These outreach efforts include (1) locating people on the streets or in facilities; (2) establishing rapport; (3) assessing their needs; and, (4) providing case management; and (5) linking them to supportive services.

Each of these street outreach teams connect people living on the streets to services and housing in each of the region’s continuum of care through the Department of Mental Health’s administrative and service offices. There are 64 Department of Mental Health offices throughout the county—26 in Region A, 12 in Region B, 15 in Region C, six (6) in Region D, and five (5) in Region E. Each of these regions have a main administrative and service office that serves as the entry point into the region’s continuum of care system, though street outreach workers have used the other offices as entry points when appropriate. At each entry point office, street outreach workers complete a full intake and assessment for their clients. After

prioritizing clients' needs, workers help their clients navigate the region's continuum of care system by helping them with on-site services and referrals and transportation (when needed) to off-site services and housing.

### **Activities that occur for other homeless persons**

#### Specialized Hotlines:

Riverside County has domestic violence and physical assault hotlines that provide crisis intervention, counseling, and referrals for resources. They include:

- Riverside Area Rape Crisis Center provides 24-hour hotline, hospital admission/treatment, court and law enforcement accompaniment, advocacy, support groups, in-person counseling, and information and referrals to abused children, homeless persons, persons with disabilities, seniors, and victims of domestic violence
- Survivors of Sexual Assault Emergency Needs and Supplies provides support to victims of sexual assault crimes which includes a 24-hour hotline, crisis intervention, one-on-one counseling, motel vouchers, transportation, and food
- VOLUNTEER CENTER OF RIVERSIDE COUNTY offers a HELpline of Riverside County Program that provides a twenty-four hour, seven days-per-week crisis "hotline". Volunteer staff of the program provides direct phone counseling and, in some instances, referrals to emergency services (e.g., local hospitals) or treatment programs (e.g., range of mental health services within the county)
- RIVERSIDE COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES Adult Protective Services investigates reports of abuse of dependent disabled adults ages 18 and older, and seniors ages 65 and older. Social workers provide an in-home assessment to stabilize the situation. Social workers also arrange for client services through referrals to community resources or purchase services when the resources are not otherwise available.
- RIVERSIDE COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES Child Protective Services Investigates reports of suspected child abuse, neglect, and exploitation and takes appropriate action to protect the child. Provides a 24-hour hotline to report suspected child abuse and neglect. Also provides services to assist parents in establishing a safe and healthy home environment.
- OPTION HOUSE offers a 24-hour crisis intervention and prevention domestic violence hotline. Provides referral to local resources of shelters, safe houses and other programs.

- CHILDHELP USA provides professional crisis counseling, information and referrals on reporting child abuse and assistance for adult survivors
- RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH provides Children's Case Management for parents/caregivers of children who are experiencing difficulty with mental health/emotional problems and would like to talk with a parent for support and resources who have raised a child with mental illness.
- CHILDREN OF THE NIGHT offers a Runaway Services/Hotline Agency providing social services and shelter for runaways and street youth involved in prostitution in all areas including Riverside County.
- Covenant House provides Emergency Shelter for the Youth including a Crisis line that provides information and referral to shelters and others services for the youth under 17 years of age.
- Girls and Boys Town National Hotline is a 24-hour multi-lingual crisis, resource and referral hotline. Trained counselors can provide nationwide information and resources on such topics as depression, contemplating suicide, relationship problems, run away, chemical dependency, and parenting problems.
- Hit Home Program offers a 24 hour Teen Crisis Line for teens, and parents of runaway teens. Provides information on child abuse, drug abuse, sexual abuse, and HIV/AIDS.
- Older Adult Services provides a 24-Hour crisis line that serves the special need of severely mentally ill adults age 60 and older. A multi-disciplinary team gives special emphasis to the medical and social problems that frequently arise in the Desert Region. Services include psychiatric medications, individual and group therapy, and care coordination to help clients access other community resources.

**Outreach planned:** The City of Riverside has approved within its recently adopted Homeless Action Plan a two-member street outreach team for the City of Riverside. Two approaches to outreach will be used: 1) mobile outreach by van and by foot; and, 2) program-based outreach at social service sites for homeless persons.

### **3.3.3. Component: SUPPORTIVE SERVICES**

#### AIDS-Related Treatment

Desert AIDS Project operates an on-site medical clinic, a full range of client support services, and a comprehensive HIV education and prevention program, including anonymous HIV testing.

#### Alcohol and Drug Abuse Treatment

The County of Riverside Department of Mental Health Services provides services throughout the county including:

**Cathedral Canyon Clinic Substance Abuse Program** offers Outpatient Treatment to voluntary and court -ordered clients and their families. Treatment programs are designed according to individual needs. Referrals for residential treatment or detoxification are made as needed. The MOMS Program provides counseling and education to pregnant and parenting women who have been using drugs. Services include transportation to a 16 week intensive day treatment program with a child care learning laboratory where women learn hands-on parenting skills as they are supervised in the care of the children of program participants. In addition to the adult program, an adolescent program is offered with services that include individual counseling, recovery groups, drug education and referral to other agencies and services.

**Substance Abuse Program—Corona** offers drug & alcohol services, outpatient counseling, assessments & referrals, community education, and second offender drinking driver program. Child care and transportation are provided for women enrolled in the women's program.

**Substance Abuse Program—Temecula** provides services to substance abusers, outpatient services, prevention, information, and referral services.

**Substance Abuse Program—Hemet** provides services to substance abusers, outpatient services, prevention, information, and referral services.

**Substance Abuse Program—Blythe** drug/alcohol abuse treatment services for adolescents include: individual, group, and family counseling. Other services include recovery groups and substance abuse education. Self-referral are accepted as well as from the court, probation department, and schools.

**Substance Abuse Program—Indio** provides outpatient, individual, group, and family counseling; perinatal & parenting program; adolescent program; after care and dual diagnosis services. Child care and transportation are provided for women enrolled in the perinatal program.

**Substance Abuse Program—Banning** drug/alcohol abuse treatment services for adolescents include: individual, group, and family counseling. Other services include recovery groups and substance abuse education. Self-referral are accepted as well as from the court, probation department, and schools.

**Outpatient Counseling Program** Offers recovery groups, individual counseling, substance abuse education, and referral to other agencies for substance abusing adults, adolescents, and their

families. The program emphasizes a 12-step approach and encourages the clients to attend support groups, such as Narcotics Anonymous, as part of their treatment. Classes on substance abuse treatment and parenting skills are also offered to significant others and friends, as well as aftercare groups focusing on relapse prevention as follows:

**Perinatal Program:** offers counseling and education to pregnant and parenting women who have been using drugs and alcohol.  
**Adolescent Program:** offers services in individual counseling, recovery groups, substance abuse education, and referrals.  
**Family Program:** provides classes on substance abuse, treatment, and parenting skills to significant others and friends of clients.  
**Phase II—Extended Care:** program is offered to all clients who have completed programs at any of the Substance Abuse Program offices. The program focuses on relapse prevention.

**Administration Office: Riverside County Substance Abuse Program** provides services to substance abusers and their families, which include outpatient individual, group and family counseling, perinatal & parenting program, adolescent program, referral to residential treatment and detoxification, after care, and dual diagnosis services. Childcare and transportation provided for women enrolled in the perinatal program.

**Friday Night Live/Club Live/Friday Night Live Kids** serves high school age students, and Club Live (CL) serves junior high students. These are peer programs designed to prevent or reduce alcohol, tobacco, and other drug use among young people. Young people are encouraged to join FNL/CL chapters at their schools, community centers, and other places where youth gather. Student members plan all activities and are involved in direct activities. Components include: assembly presentations, leadership training, and community service projects.

#### Case Management

**The Institute for Urban Research and Development** operates Project ACHIEVE which is an integrated, multidisciplinary service center bringing together under one roof a wide range of specialized services to address the needs of homeless children and adults. Project ACHIEVE includes a supportive services center featuring a multidisciplinary case management team consisting of an Employment Specialist, Substance Abuse Specialist, Mental Health Specialist, and a Housing Placement Specialist that assists clients to identify and remove barriers to achieving self-sufficiency.

### Domestic Violence and Physical Assault

Riverside Area Rape Crisis Center provides hospital admission/treatment, court and law enforcement accompaniment, advocacy, support groups, in-person counseling, and information and referrals to abused children, homeless persons, persons with disabilities, seniors, and victims of domestic violence.

Stopping the Aftermath of Violence Effectively (SAVE) Program provides intervention services that include counseling, support groups, and advocacy to children and spouses who are victims of domestic violence.

### Education

Arlanza Community Learning Center provides low and moderate-income parents and children with basic and advance computer skill classes and one-on-one instruction.

### Employment Assistance

The County of Riverside Economic Development Department's Workforce Development Centers provide job seekers with education, job training, and employment programs services, and information to help with employment preparation needs. For businesses, the Centers provide comprehensive business services to businesses that help them with hiring and training employees. There are five Workforce Development Center locations throughout Riverside County: Hemet, Indio, Palm Springs, Riverside, and Temecula.

Empower Youth – California Family Life Center provides workforce development, GED, self-esteem, development of self-discipline, occupational training and job placement for youth of low and moderate income families.

RIVERSIDE COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES administers the GAIN program to provide TANF participants with access to education and training services to prepare for an unsubsidized job. Provides necessary supportive services to prepare for an unsubsidized job. Eligibility: Comprehensive Statewide employment program for AFDC recipients. GAIN registrants will be required to participate in a structural sequence of employment related activities.

### Life Skills

Parent Education and Child Development Training provides basic parenting (for no cost) for parents with high-risk adolescents that have problems with drugs, alcohol, truancy, and sexual behavior.

## Mental Health Treatment

The Riverside County Department of Mental Health provides services throughout the county including:

Homeless Intervention Team (HIT) provides an outreach service with referrals to needed mental health/substance abuse treatment services. In addition, the Homeless Program assists in housing, shelter, and applying for assistance.

AB 2034 Homeless Assistance Program assists the homeless mentally ill to manage their illness and get them back to work, volunteer, or school. The program assists individuals in accessing the appropriate services to meet the needs (e.g. emergency food, clothing, shelter, medical services) and provide transportation to the identified resource locations. The program ensures that the Mental Health system of care meets all of their identified needs, including but not limited to housing, outpatient services, and vocational counseling.

**Banning Mental Health Services** which provides crisis intervention, referral services, intake assessments, case management, psychiatric evaluations, psychiatric treatment, dual-diagnosis services, 5150 evaluations, and short –term therapy for children, adult, and older adults.

**Indio Mental Health Services** includes both centralized programs serving the Desert Region, as well as outpatient services for Indio. Children's Outpatient Services are offered to individual, group, and family treatment involving the child and family. Psychological testing and psychiatric evaluation/medication are available. A number of treatment groups or other special programs are available. A more intensive group for younger children that meets twice per week is available for appropriate children. Other groups with different themes or ages are available.

**Older Adult Services** serves the special need of severely mentally ill adults age 60 and older. A multi-disciplinary team gives special emphasis to the medical and social problems that frequently arise in the Desert Region. Services include psychiatric medications, individual and group therapy, and care coordination to help clients access other community resources. Referral are made as needed to intensive day treatment, inpatient hospitalization, and for conservatorship evaluation.

**Blythe Mental Health Services provides** services for adults to stabilize psychiatric emergencies. Other services include crisis intervention, referral services, intake assessments, case

management, psychiatric evaluations, psychiatric treatment, dual-diagnosis services, 5150 evaluations, and short -term therapy for adult and older adults. Short -term outpatient therapy is provided for crisis resolution and problem solving.

**Cathedral Canyon Clinic** provides mental health services which include medication services to children and adolescents and outpatient services for adults and older adults. The services are designed to help clients achieve an optimal level of well-being and participation in the community.

**Children and Adolescent Services—Blythe** provides mental health services for children and adolescents. Services are provided to children and adolescents who are seriously emotionally disturbed. Priority for treatment goes to those who are wards of the court or dependent of the court or at risk of separation from the family through placement into hospitals or other 24-hour care facilities. Serious impairment must be evident in such areas of the child or adolescent's functioning as self-care, maintaining satisfactory relationships with peers and adults, self-direction, and learning inability not explained by intellectual sensory, or health factors.

**Mt. San Jacinto Vocational/Educational Services Program** provides a wide spectrum of rehabilitation services to assist clients obtain and retain gainful employment. These services include vocational assessments, psycho-social assessments, vocational interest testing, external situational assessments, employment preparation, job development, job placement, transportation, and case management.

**Older Adult Services** serves the special needs of severely mentally ill adults age 60 and older. Our multi-disciplinary team gives special emphasis to the medical and social problems that frequently arise in the Mid-County Region. Services include psychiatric medications, individual and group therapy, and care coordination to help clients access other community resources. Referral can also be made as needed to intensive day treatment, inpatient hospitalization, and for conservatorship evaluation.

**Hemet Mental Health** (Homeland, Idyllwild, Anza, Sage, San Jacinto, Gillman Hot Springs, Valley Vista, Winchester, Soboba Hot Springs, Augusta, Lakeview, and Mountain Center) is an outpatient clinic that provides crisis intervention, referral services, intake assessments, case management, psychiatric evaluations, psychiatric treatment, dual-diagnosis services, 5150 evaluations, and short -term therapy for adult and older adults.

**Perris Mental Health** (Canyon Lake, Lake Elsinore, Quail Valley, Nuevo, Romoland, Sun City, Wildomar, and Mead Valley) is an

outpatient clinic providing crisis intervention, referral services, intake assessments, case management, psychiatric evaluations, psychiatric treatment, dual-diagnosis services, 5150 evaluations, and short-term therapy for children, adult, and older adults.

**Temecula Mental Health** (Murrieta, Temecula) is an outpatient clinic providing crisis intervention, referral services, intake assessments, case management, psychiatric evaluations, psychiatric treatment, dual-diagnosis services, 5150 evaluations, and short-term therapy for children, adult, and older adults.

**Mt. San Jacinto Children's Services** provides a variety of mental health services to children with emotional problems. The initial service for all clients is an assessment for diagnostic and treatment needs. Crisis intervention, referral, outpatient treatment, group therapy, and case management are provided.

**Crisis Outpatient Services (COS)** provides mental health services to person in an outpatient mode. Short term, crisis intervention via full range of outpatient services, brief therapeutic services and/or referral to Department of Mental Health programs or community-centered services based on need.

**Jefferson Wellness Center** provides socialization services, rehabilitative support for vocational services, CalWORKs/ GAIN interventions and counseling and traditional services for youth adults.

**Continuing Community Care–Central** provides assistance for individuals who are experiencing severe and persistent psychiatric problems. Services include case management and/or placement, intensive day treatment, and other outpatient services. This program serves the north and central areas of Riverside and Moreno Valley.

**Continuing Community Care–South** provides assistance for individuals who are experiencing severe and persistent psychiatric problems. Services include case management and/or placement, habilitative day treatment, and other outpatient services. This program serves the southern and western areas of the Western Region including Corona, Norco, Arlington, and Mira Loma.

**Crisis Resolution Team (CRT)** monitors Western Region clients who are hospitalized in fee-for-service hospitals; assesses and refer mental health clients who are in crisis seeking hospitalization or other mental health treatment; provides after-hour support for clients open to other county mental health clinics; and takes crisis calls from the public.

**Older Adult Services** serves the special needs of severely mentally ill adults age 60 and older. Our multi-disciplinary team gives special emphasis to the medical and social problems that frequently arise in the Western Region. Referral can also be made as needed to intensive day treatment, inpatient hospitalization, and for conservatorship evaluation.

**Intensive Case Management** provides intensive interventions to mentally ill adults who may need high levels of focused services to prevent relapse and remain at the least restrictive living arrangement. Case management and outpatient services are provided as needed to such clients.

**CalWORKs—Mental Health** program is a treatment and education for the Welfare-to-work population that helps to remove mental health and substance abuse barriers to employment and self-sufficiency. All services are confidential. Mothers will not lose custody of their children because they speak with a counselor here at CalWORKs. There are Cal-WORKs Mental Health Service counselors at every GAIN office throughout the County.

**Riverside County Regional Medical Center Emergency Treatment Services (ETS)** provides psychiatric emergency services 24 hours a day for all ages, evaluation, crisis intervention, and referrals for psychiatric hospitalization, as needed for adults, children, and adolescents.

**Riverside County Regional Medical Center Inpatient Treatment Facility (ITF)** functions as the psychiatric department of Riverside County Regional Medical Center (RCRMC). The Inpatient Unit provides medication, individual, and group therapy in a structured, supervised setting as well as discharge planning and coordination, placement services, and referrals all geared to stabilize the individual for return to maximum productivity as soon as possible. The services consist of psychiatric emergency evaluation, treatment, and adult inpatient care.

**Alternative Sentencing Program** while incarcerated, all referred inmates receive a mental health evaluation by a qualified mental health staff member to determine the presence of a mental disturbance and the scope of the services required. A mental health professional can make an appeal to the court that the inmate can be maintained and treated in the community. Once released from jail, clients will receive a multi-disciplinary assessment and client generated goals as a focus for their treatment. Program interventions include substance abuse counseling, group therapy, occupation/recreational therapy, and psycho-educational groups.

**Long Term Care Coordination (LTC)/State Hospital** Contract monitoring of extended-care contract facilities to assess contract compliance, facility performance, client outcomes, quality of care, coordination and facilitation of communication between these facilities and other agencies within the department regarding changes, problems, or incidents that may have an effect on client care. Case Management: assists with placement, applying for entitlement programs, and advocating for the client in obtaining additional outpatient services. Mental Health Discharge Planning: follow up mental health referrals for ongoing outpatient services will be afforded all clients who request services. These services may involve contact with the client's family/support system.

### Senior Services

Lake Elsinore Senior Activity Center provides senior services that include nutrition programs, medical exams, elder abuse counseling, and eviction assistance.

Wildomar Senior Service Center provides senior services that include nutrition programs, medical exams, elder abuse counseling, and eviction assistance.

Eddie Dee Smith Senior Community Center provides senior services that include nutrition programs, medical exams, elder abuse counseling, and eviction assistance.

Kay Cenicerros Senior Center provides senior services that include nutrition programs, medical exams, elder abuse counseling, and eviction assistance.

Colorado River Senior Community Center provides senior services that include nutrition programs, medical exams, elder abuse counseling, and eviction assistance.

### Transportation

Care-A-Van Transit, Inc. provides transportation services to seniors and persons with disabilities for medical appointments, social service appointments, and job training.

### Youth (under age 18 and 18 to 24 years of age)

Youth Service Center provides sliding-scale (including no-cost) outpatient treatment services for children and families experiencing problems of child abuse, substance abuse, delinquency, depression, and other family related issues.

CASA (Court Appointed Special Advocates) for Riverside County, Inc. provides abused, neglected, or abandoned children with an

appointed CASA trained community volunteer who is closely supervised by professional staff. CASA serves children in-and-out of home placement (foster care/group homes).

**How homeless persons access/receive assistance:** Supportive services are accessed at all levels of the Continuum of Care. The Department of Mental Health has established entry points into the Continuum of Care for each of the five regions. These regional entry points are: Region A – Homeless Intervention Team Headquarters, Riverside; Region B – Perris Clinic, Perris; Region C – Hemet Clinic in Hemet; Region D – Cathedral Canyon Adult and Substance Abuse Clinic, Cathedral City; Region E – Blythe Mental Health and Substance Abuse Clinic, Blythe. Department of Mental Health staff conduct an intake and assessment with client's that help identify their needs and services to meet their needs. Staff provide referrals and transportation when necessary. In addition, non-profit service providers target a particular community and population with appropriate social services. Different services have their own levels of accessibility.

### 3.4. CoC Housing Gaps Analysis & Homeless Population and Subpopulations Chart

**Exhibit 1: Continuum of Care: Housing Gaps Analysis Chart**

		Current Inventory In 2004	Under Development In 2004	Unmet Need/ Gap
		Individuals		
Beds	Emergency Shelter (year-round)	295	84	471
	Transitional Housing	405	32	0
	Permanent Supportive Housing	226	59	1,032
	Total	926	175	1,503
		Persons in Families With Children		
Beds	Emergency Shelter (year-round)	250	44	0
	Transitional Housing	369	0	418
	Permanent Supportive Housing	59	0	262
	Total	678	44	680

**Continuum of Care: Homeless Population and Subpopulations Chart**

Part 1. Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Homeless Individuals	295 (N)	405 (N)	1,182 (N)	1,882 (N)
2. Homeless Families with Children	93 (N)	85 (N)	213 (N)	391 (N)
2a. Persons in Homeless Families with Children	250 (N)	369 (N)	430 (N)	1,049 (N)
Total (lines 1 + 2a)	545 (N)	774 (N)	1,612 (N)	2,931 (N)
Part 2. Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronic Homelessness	357 (S)			
2. Seriously Mentally Ill	319 (S)		598 (S)	917 (S)
3. Chronic Substance Abuse	414 (S)		406 (S)	820 (S)
4. Veterans	145 (S)		338 (S)	483 (S)
5. Persons with HIV/AIDS	41 (S)		72 (S)	113 (S)
6. Victims of Domestic Violence	517 (S)		535 (S)	1,052 (S)
7. Youth	126 (S)		411 (S)	537 (S)

#### 3.4.1. Housing Activity Chart

The data source for the Housing Activity Chart was the County of Riverside Inventory of Residential and Non-Residential Programs and Services and the methods included a key person workshop and follow-up phone surveys.

A Key Person Workshop was conducted by the Institute for Urban Research and Development (IURD) on behalf of the Department of Public Social Services (DPSS) with the support of the Housing and Homeless Coalition for Riverside County (Coalition). Several workshops took place with key persons (a key person was identified as someone who had knowledge of homeless non-residential and residential programs) in February. Key persons were asked to identify all residential programs (and non-residential programs) that

served homeless persons. Each residential program was identified as emergency shelter, transitional housing, or permanent supportive housing. The number of beds and the service populations were also identified for each program.

IURD conducted a phone survey verifying the information given at the workshop. The survey was conducted for approximately 30 days. Additional key persons and service providers were identified through this process and included in the survey. At the end of the phone survey, IURD considered the list of homeless residential and non-residential programs as comprehensive as possible. Coalition leaders and DPSS staff reviewed the list for completeness and no one was able to identify any new non-residential and residential programs.

At the workshop and during the phone survey, key persons were also asked if there were any programs or services under development by their agency or others in their community. Any "under development" information was recorded. All information gathered (current inventory and under development) was entered into the Inventory of Residential and Non-Residential Homeless Services and the residential information was listed on the Housing Activity Chart. The non-residential program information was entered into the Service Activity Chart.

The County's Continuum of Care system defines emergency shelter and transitional housing as follows:

- **Emergency Shelter (Long-Term)** should include facilities that provide overnight shelter for up to 90 days. Clients must follow basic rules for health and safety, and there should be additional requirements for stay such as commitment to a case management plan, sobriety, participation in group meetings, etc. An Emergency Shelter (Long-Term) program should not only fulfill a client's basic needs (i.e., food, clothing, medical care) on-site but case management needs as well. All clients should be assigned to a case manager and have developed a case management plan with the case manager that will help them get off the streets and into appropriate housing. Clients usually move into transitional housing after their stay but, when appropriate, may move into service-enriched or independent-living affordable housing.
- **Transitional Housing** is a residence that provides a maximum stay of up to 2 years. Clients must follow basic rules for health and safety. Support services are provided to residents both on-site and off-site. Residents are linked to a high level of rehabilitative services that include substance abuse and mental health care interventions, employment services, child care,

transportation, individual and group counseling, and life skills training designed to prepare clients for permanent supportive housing or live independently in permanent affordable housing.

**Plans for conducting an inventory for the 2005 CoC competition based upon a one day, point-in-time study in the last week of January 2005.**

IURD will be working with the Coalition and DPSS to conduct a point-in-time census during the last week of January 2005 that will include a comprehensive inventory following a similar procedure as described above.

**Changes in the number of persons reported in the “chronic homeless,” sheltered” and “unsheltered” from 2003 to 2004.**

The number of chronic homeless persons in the County’s 2003 application was 1,117 or 38.1% of the homeless population. This number was based upon the County of Riverside 2003 Homeless Census. The number of chronic homeless persons in this application is 1,032 or 35.2% of the homeless population. This number was based upon the County of Riverside 2004 Homeless Survey. The 2004 survey reflects a more accurate number because the survey contained questions specifically to find out how many homeless persons were chronically homeless whereas the 2003 survey was not designed that way.

The total number of homeless persons on a given day identified in the County’s 2003 application, 2,931, remains the same in the County’s 2004 application. However, the number of “sheltered” and “unsheltered” persons has changed slightly from 2003 as we have not counted those persons using seasonal (Winter Shelter) beds as “sheltered” in the 2004 application.

### **3.5. Homeless Management Information System (HMIS)**

The County of Riverside Department of Public Social Services (DPSS) was awarded a grant through the 2003 Continuum of Care application process to develop and implement its HMIS. DPSS staff has participated in HUD sponsored training and technical assistance activities to develop its strategy for implementing a countywide HMIS. DPSS homeless programs staff has worked in coordination with DPSS Information Technology staff to select a software vendor and finalize the development of a web-based system. DPSS is in the process of hiring a Project Manager and technical support staff to implement the HMIS project countywide. Project staff will work with the selected vendor, Service Point, on the installation of the system and training of the service providers participating in the project. All service providers in the County that receive (as well as those that are applying to receive for the first time) SHP and other McKinney Vento funding, including those providing

street outreach, emergency shelter, transitional housing, permanent supportive housing, and supportive services only have agreed to participate in the HMIS. Representatives of these service providers have participated in the planning process through the Coalition Census and Demographics Committee. The process for bringing service-providers into the HMIS project will be rolled-out over the next year in three basic phases starting with all SHP funded projects in phase one, followed by all other McKinney Vento funded projects in phase two and finally all other service providers participating in the continuum of care system with the capacity to participate in phase three. All phase one service providers will receive the necessary equipment, training and technical assistance to implement the HMIS began in the Fall of 2004.

#### 4. LEAD BASED PAINT HAZARDS

The Residential Lead-Based paint Reduction Act of 1992 focuses on reduction of hazards, risk assessment, and prevention. Title X mandates that jurisdictions address the following areas of concern that covers virtually all HUD programs:

- Hazards: "Hazard" means any condition that causes exposure to lead from lead-contaminated dust, soil, or paint that is deteriorate or present in accessible or friction surfaces. Lead-based paint hazards do not include intact lead-based paint, which is not on a chewable, impact or fictions surface.
- Risk assessment and interim controls: Risk assessment requires on-sited analysis to determine existence, nature, severity, and location of lead hazards. Interim controls focus on measures that temporality reduce human exposure.
- Prevention, as well as treatment: Reduction of hazards before a health problem occurs is critical. The age of housing stock is an acceptable basis for estimated the location of dwelling with lead-based paint. Title X does not rely on children with elevated blood-lead levels (EBLS) as a means of locating dwelling in kneed so abatement.

Beginning October 28, 1995, LBP related disclosure and warning requirements must be given at the time of sale or rental of any pre-1978 housing unit. These requirements include a 10-day opportunity for homebuyers to arrange for a risk assessment or inspection.

To meet the federal requirements, the City will assess the existing LBP hazards and incidence of lead poisoning in the City's housing supply. The City will also estimate the number of housing units with Lead-based paint that are occupied by very-low and low-income families.

Lead poisoning is a significant environment health hazard to children. With 10 to 15 percent of all preschoolers in the Untied States affected, lead poisoning is at epidemic proportions. The detrimental health effects of lead are devastating and irreversible. Lead poison causes:

- IQ reductions;
- Reading and learning disabilities
- Decreased attention span
- Hyperactivity and aggressive behavior

While lead was banned from residential paint in 1978, more than three-fourths of pre-1978 homes contain lead-based paint. And the older the property, the more likely it has lead-based paint. Lead hazards are most severe in dilapidated older housing; the worse the condition of the home, the greater the risk of lead exposure to children. Lead dust is the most common source of lead exposure. Sources of lead-based paint hazards include:

- Deterioration of exterior walls
- Abrasion on window, floors, stairs
- Impact from doors
- Disturbance during painting or rehabilitation

The Center for Disease Control (CDC) has determined that blood lead levels over 10ug/dl (micrograms per deciliter) are considered to be elevated. A child with a blood lead level greater than or equal to 20 ug/dL requires a full medical evaluation and public health follow-up. A child with a blood lead level in the 15 to 19 ug/dL range is a high risk for lead poisoning. Either health care provider follows such children closely. When this blood level persists for two consecutive tests, three to four months apart public health intervention to identify sources of lead exposure is recommended if resources permit.

It is emphasized; lead poisoning can come from deterrent sources, including contaminated water and soils, ceramic glazes, and lead-based paint.

#### **4.1. Estimate Number of Homes with Lead-Based Paint Potential**

Estimating the number of housing units with lead-based paint, the age of the housing stock is the key variable. Starting in 1978, the use of all lead-based paint on residential property was prohibited. It is estimated that 75 percent of all residential property built prior to 1978 contains lead-based paint, older properties having the highest percent of LBP. Local data confirmed the national survey results that the percentage of units containing lead increase with the age of the structure.

In assessing the potential LBP hazard of the City's pre- 1978 structures, several factors must be considered. First, not all units with lead-based paint have lead-based paint hazards. Only testing for lead in dust, soil, deteriorated paint, chewable paint surfaces, friction paint surfaces, or impact paint surfaces provides information about hazards.

Properties more at risk than other include:

- Deteriorated units, particularly those with leaky roofs and plumbing
- Rehabilitate units where there was not a thorough cleanup with high-phosphate wash after the improvements were completed.

#### **4.2. Homes with Lead-Based Paint Potential**

Census data from 2000 has been utilized to identify occupied housing within Riverside County that meets the age criteria established for homes with the potential to have lead-based paint. A study done by HUD, and incorporated into the "Lead-Based Paint Hazard, Technical Assistance Bulletin No. 1" provides percentages to apply to the raw census data to more accurately reflect the number of homes with lead-based paint.

The chart below delineates the estimated number of occupied housing units with LBP occupied by low and very-low income renter and owner-occupied households both in the City and Countywide:

#### **4.3. Estimated Number of Children Potentially Exposed to Lead-Based Paint and Lead Hazards**

Research has shown that Children below the age of six (6) are most at risk for lead hazards because of their play habit and the vulnerability of their developing bodies and nervous systems. It has been estimated by the State of California, Department of Health that children under the age of six (6) currently have dangerous elevated levels of lead in the blood.

Because of the established link between poverty and exposure to lead hazards in older homes an analysis of 2000 census data was undertaken to determine the number of children under age six (6) in poverty with a sixty percent (60) greater chance of living in a home built before 1980.

#### **4.4. Lead-Based Paint/Lead Hazard Testing/Treatment/Abatement Efforts**

Section 302 of the Lead based Paint Poisoning Act, as amended, requires that housing agencies conduct random samples of dwelling units, common areas and exteriors to determine the presence of lead-based paint hazards in pre-1979 family development where children live or are expected to frequent.

Over the past four years the Riverside County Housing Authority has undertaken an aggressive testing and abatement effort. To date all public housing sites have been abated with the exception of some minor exterior elements still needing abatement.

#### **4.5. Department of Public Health LBP and LBP Hazard Programs**

Children who have been identified by the private or public health systems as having elevated levels of lead in the blood are referred to Riverside County Department of Public Health for follow-up evaluation and case management to achieve a specified level of lead reduction in the blood.

Complete physicals, including lead screening, are available for low-income children who are Medi-Cal beneficiaries through the Child Health and

Disability Prevention Program administered by the State of California. To ensure that documentation of income does not preclude a child from receiving necessary health testing and evaluation an income self-certification process is used. At the request of public Health staff the County Department of Environmental Health can perform lead assessment of the home.

In addition to case management, staff also provides community education and advocacy through focused presentations to head-start groups, parenting groups, and major health providers, Health fairs, and community events.

The Department of Public Health staff performs case management for children identified with elevated lead levels in the blood. It is estimated that community presentations and health first reached 3,300 individuals throughout the City and Riverside County. Table 14 identifies a total of 4 cases of lead-based paint found in children under the age of 12 located in the City of Hemet.

Hemet	Total cases	Race/ Ethnicity	Age at case initiation (yrs)	Gender	
				Female	Male
2000	3	White (non-Latino)	0.6,1.9,10	0	3
2001	0	--	--	--	--
2002	1	Latino	0.7	1	0
2003	0	--	--	--	--
2004	0	--	--	--	--

## PART II HOUSING MARKET ANALYSIS

### 1. GENERAL CHARACTERISTICS

Hemet is located in western Riverside County. It has historically been known as a retirement community, but has been steadily changing toward a more balanced mix of diverse multi-cultural and multi-ethnic population. The City of Hemet is committed to raising resident standards by addressing the conditions that affect fair and affordable housing opportunity. This is especially important as it relates to the conditions associated with the cost of housing and inequitable housing hardship.

Hemet recognizes that differences in the standard and quality of life develop largely due to differences in income. This focus is consistent with the City's goal of maximizing available resources to assure the availability of safe, decent and affordable housing for citizens in the community, including housing programs and services for households that are economically encumbered.

#### 1.1. POPULATION TRENDS AND CHARACTERISTICS

The purpose of this section is to illustrate Hemet's current conditions in terms of its demographics and existing housing stock. Accordingly, the section entails discussions on Hemet's population and housing trends by looking at the most current data, at the time the document is prepared, and earlier data to make comparisons between time periods to reflect on the current state of the City and its future direction.

Riverside County ranked as one of the fastest growing counties in California between 1990 and 2000, with a population increase of 32% compared to statewide growth of 13%. By comparison, Hemet grew by 22,718 residents or 63% during the decade, reflecting its status as a rapidly expanding community. Table 15 summarizes the City's population changes from 1990-2000.

**TABLE 15**  
Population Growth: 1990-2000

Jurisdiction	1990	2000	1990-2000 Growth	
			Number	Percent
Hemet	36,094	58,812	22,718	63%
Riverside County	1,170,413	1,545,387	374,974	32%
State of California	29,976,000	33,871,648	3,895,648	13%

Source: U.S. Census Bureau.

##### 1.1.1. AGE COMPOSITION

Age distribution is an important factor in determining housing demands. Traditional assumptions are that the young adult population (19 to 34 years old) tends to favor, or can only afford

apartments, low to moderate cost condominiums, and smaller single-family units. The adult population (35 to 65 years old) provides the major market for moderate to high-end apartments, condominiums, and single-family homes. This age group tends to have higher incomes and larger household sizes. The senior population (65 years and older) tends to generate demand for low to moderate cost apartments, condominiums, group quarters, and manufactured homes. Some seniors may also live in older, larger houses that once housed the entire family.

Based on the 2000 Census data, as illustrated in Table 16, 70.2 percent of the City's population was of ages 25 and older, of which 33 percent of the total population was of ages 65 and older. The under 18 and 18-24 age groups represented 22.6 percent and 7.2 percent respectively.

	<b>Persons</b>
Under 5 years	3,843
5 to 9 years	3,997
10 to 14 years	3,520
15 to 17 years	1,909
18 and 19 years	1,235
20 years	558
21 years	633
22 to 24 years	1,787
25 to 29 years	2,987
30 to 34 years	2,996
35 to 39 years	3,201
40 to 44 years	2,941
45 to 49 years	2,650
50 to 54 years	2,389
55 to 59 years	2,242
60 and 61 years	947
62 to 64 years	1,530
65 years +	19,447
<b>Total:</b>	<b>58,812</b>

Source: 2000 Census, SF1 Table P12

### 1.1.2. RACE AND ETHNICITY

The U.S. Census provides statistics regarding the race and ethnicity of a city's population. Although there are a substantial percentage of minority residents in Hemet, the City is primarily comprised of persons classified as "White". Table 17 highlights the ethnic distribution of the population for 1990 and 1999. It should be noted that persons of Hispanic Origin are included within the various ethnic

categories, and may be of any race. In 2000, about 19.5% of the City's population was non-White. Hispanic residents (of any race), however, represented 23.1 percent of the total population in 2000, followed by residents identifying themselves as "Some other race alone" at 10.6 percent of total City population.

TABLE 17  
RACE AND ETHNICITY (2000)

Total:	58,812	100.0%
Population of one race:	56,746	96.5%
White alone	47,335	80.5%
Black or African American alone	1,527	2.6%
American Indian and Alaska Native alone	708	1.2%
Asian alone	872	1.5%
Native Hawaiian and Other Pacific Islander alone	79	0.1%
Some other race alone	6,225	10.6%
Population of two or more races:	2,066	3.5%
Hispanic origin (of any race)	13,585	23.1%

Source: 2000 Census, SF1 Table P3/P4

The geographic concentrations of black and Hispanic residents in the city are illustrated in Figures 1 and 2, respectively.

These maps show that there are no areas of the city where blacks comprise more than 25 percent of the population, while Hispanics comprise 26 to 50 percent of the population in the northeastern portion of the city.

FIGURE 1

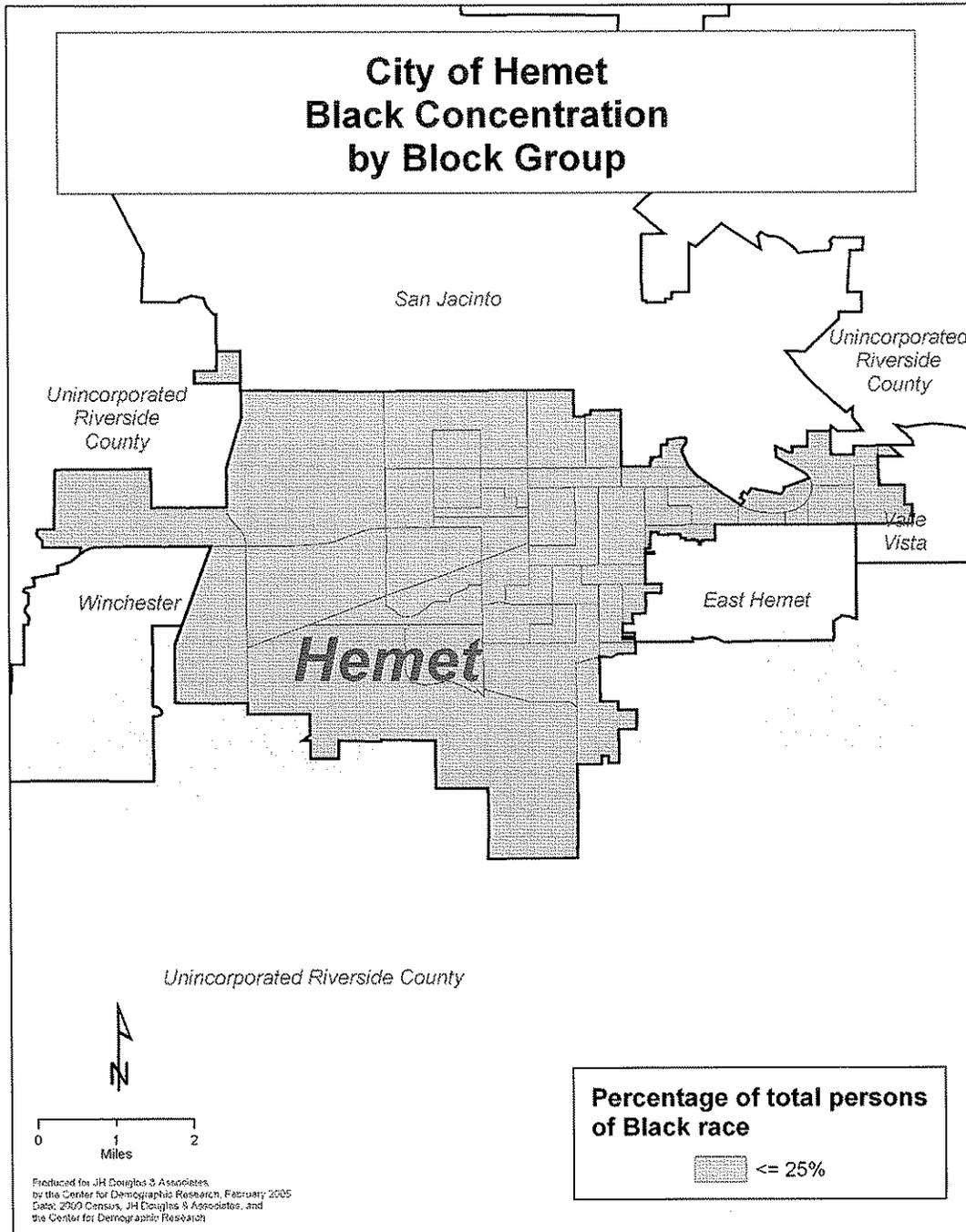
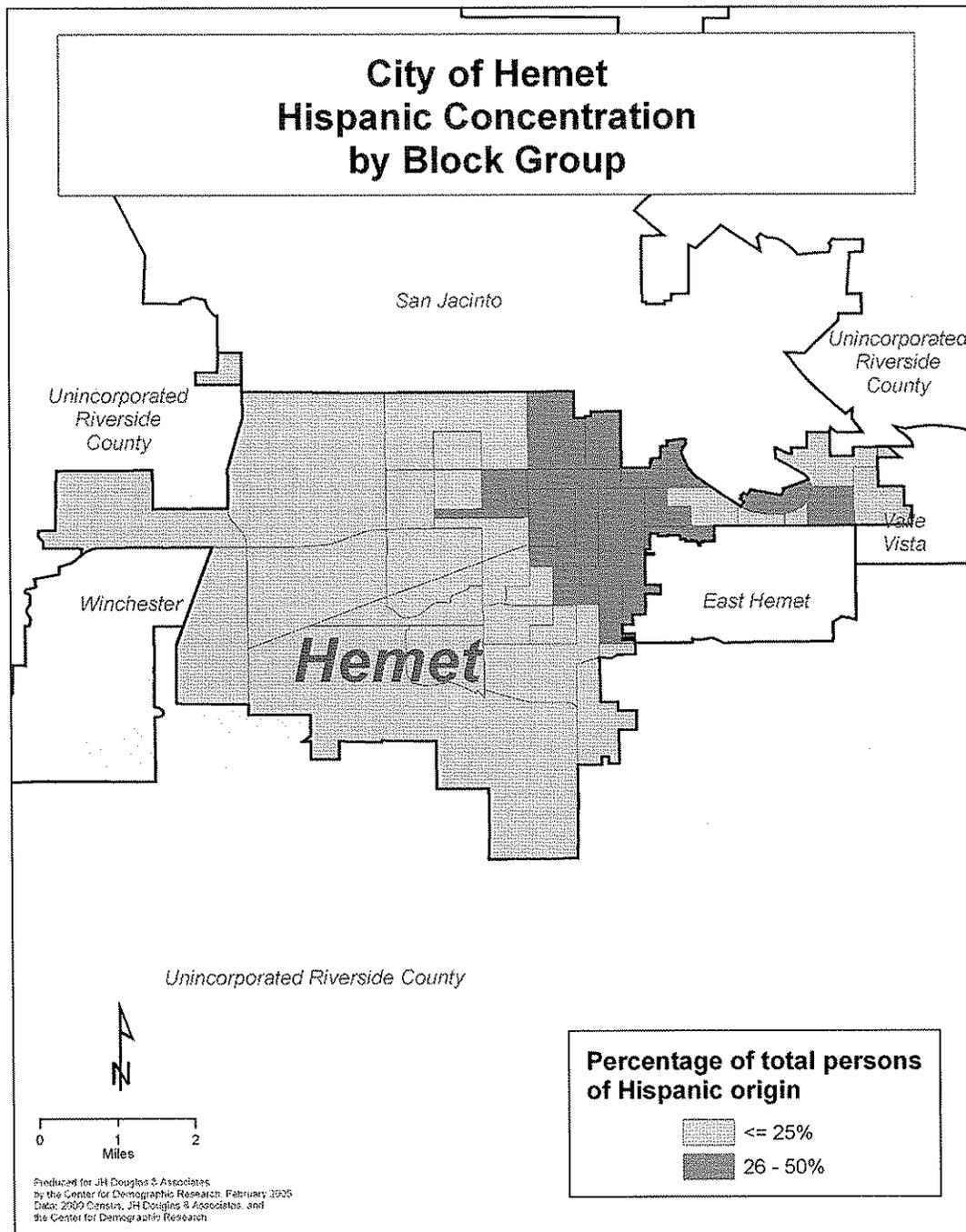


FIGURE 2



## 1.2. EMPLOYMENT CHARACTERISTICS

According to the Census, the City had 16,958 employed persons in 2000, as illustrated in Table 18. The 2000 census indicates that the largest proportion of jobs in the City were in the education/health/social services sector (22%), followed by the retail sector (17%).

**TABLE 18**  
JOBS HELD BY HEMET RESIDENTS BY SECTOR  
2000

<i>Job Sector</i>	<i>Number</i>	<i>Percent</i>
Agriculture/Mining	328	2%
Construction	1,235	7%
Manufacturing	1,873	11%
Wholesale Trade	374	2%
Retail Trade	2,881	17%
Transportation, warehousing, utilities	814	5%
Information	354	2%
Finance, Insurance, & Real Estate	753	4%
Prof, scientific, mgmt, admin.	1,215	7%
Education, health, social services	3,675	22%
Arts, entertainment, recreation, food	1,731	10%
Other services	1,094	6%
Public Administration	631	4%
<b>Total Employed Persons (16 years+)</b>	<b>16,958</b>	<b>100%</b>

Source: 2000 U.S. Census, SF3 Table QTP29

## 1.3. HOUSEHOLD CHARACTERISTICS

Before the current housing problems can be understood and future needs anticipated, housing occupancy characteristics need to be identified in the City. The following is an analysis of household size, household growth, tenure, and vacancy trends. By definition, a "household" consists of all the people occupying a dwelling unit, whether or not they are related. A single person living in an apartment is a household, just as a couple with two children living in the same dwelling unit is considered a household.

**TABLE 19**  
HOUSEHOLD TYPE BY TENURE 2000

HOUSEHOLD TYPE	Owner-Occupied		Renter-Occupied	
	Households	Percent	Households	Percent
<b>Family households</b>	10,199	62.5	4,988	55.8
Householder 15 to 64 years	4,844	29.7	4,344	48.6
Householder 65 years and over	5,355	32.8	644	7.2
Married-couple family	8,722	53.5	2,663	29.8
Male householder, no wife present	391	2.4	576	6.4
Female householder, no husband present	1,086	6.7	1,749	19.6
<b>Non family households</b>	6,112	37.5	3,953	44.2
Householder 15 to 64 years	1,540	9.4	2256	25.2
Householder 65 years and over	4,572	28.0	1697	19.0
Male householder	1,957	12.0	1716	19.2
Living alone	1,613	9.9	1294	14.5
65 years and over	1079	6.6	400	4.5
Not living alone	344	2.1	422	4.7
Female householder	4,155	25.5	2237	25.0
Living alone	3,834	23.5	1953	21.8
65 years and over	3165	19.4	1210	13.5
Not living alone	321	2.0	284	3.2
Total households	16,311	100	8,941	100
Average household size	2.15		2.46	

Source: U.S. Census Bureau, Census 2000 Summary File 1, Matrices H11, H12, and H17.

Table 19 shows the household types for the City of Hemet according to the 2000 Census. The data illustrates that family households represent a majority of households at 60 percent. The data indicates that married family households represent 45 percent of the total households. Of the remaining 55 percent of households, the majority (67%) are female households with no husband present. The large percentage of single female households as well as the average household size is consistent with the identity of Hemet as a retirement community.'

### 1.3.1. Areas of Low Income Concentration

Figures 3 – 5 show areas of low-income concentration in Hemet by Census block group.

**Figure 3**

**Figure 4**

**Figure 5**

## 1.4. HOUSING INVENTORY AND MARKET CONDITIONS

This section summarizes the housing inventory in the City of Hemet and prevailing market conditions. Analysis of past trends in the housing stock provides a method of projecting the future housing needs of Hemet.

### 1.4.1. Housing Stock Profile

Table 20 summarizes the change in the composition of the housing stock from 1990 to 2000. According to the 1990 Census, there were a total of 19,692 housing units in the City. The table indicates that the total number of housing units in the City increased by 9,772 units between 1990 and 2000.

Type	1990	Percent	2000	Percent
SF detached	6,906	35.1%	11,883	40.3%
SF attached	1,510	7.7%	1,752	5.9%
MF (2-4 units)	1,646	8.4%	2,130	7.2%
MF (5+ units)	3,447	17.5%	4,435	15.1%
Mobile Homes	6,073	30.8%	8,274	28.1%
Other	110	0.6%	990	3.4%
<b>Total</b>	<b>19,692</b>	<b>100.0%</b>	<b>29,464</b>	<b>100.0%</b>

Source: US Census Bureau

In 2000, single-family detached housing comprised 40.3 percent of housing units in Hemet, while single family attached housing accounted for 5.9 percent of housing units. Residential properties with two to four units comprised 7.2 percent of housing units in Hemet, while multi-family developments with five or more units comprised 15.1 percent of the housing. Mobile homes comprised 28.1 percent of the housing units. Multi-family housing typically provides the largest source of both rental and affordable homeownership opportunities in a community.

In terms of actual numbers of dwelling units in the City, the data suggest that the stock of multi-family units, as well as detached and attached single-family units all increased between 1990 and 2000. Since multi-family homes are usually renter occupied, this pattern of new construction is favorable for lower income residents. During the coming planning period, a policy of the City will be to pursue the maintenance and/or creation of more affordable rental options for those households unable to purchase homes.

### 1.4.2. Tenure

Tenure data for 2000 by housing type is provided in Table 21.

**TABLE 21**  
Occupied Housing Units by Tenure  
2000

Type	Owner-Occupied Units		Renter-Occupied Units		Total
	Number	Percent*	Number	Percent*	
Single-Family	9,267	36.7%	2,982	11.8%	12,249
2-4 Multi-family	72	0.3%	1,625	6.4%	1,697
5 or more Multi-family	144	0.6%	3,681	14.6%	3,825
Mobile Home	6,364	25.2%	708	2.8%	7,072
Other	382	1.5%	41	0.2%	423
<b>Total</b>	<b>16,229</b>	<b>64.2%</b>	<b>9,037</b>	<b>35.8%</b>	<b>25,266</b>

\* Represents proportion represented out of total occupied housing units.  
Source: 2000 Census

In 2000, 64.2 percent of occupied units were owner occupied, and 35.8 percent were renter occupied. Of note, 25 percent of all housing units in the city were mobile homes, which represent a significant moderate cost housing resource.

### 1.4.3. Vacancy Rates

The vacancy rate is a measure of the general availability of housing. It also indicates how well the available units meet the current housing market demand. A low vacancy rate suggests that households may have difficulty finding housing within their price range; a high vacancy rate may indicate either the existence of a high number of units undesirable for occupancy, or an oversupply of housing units. The availability of vacant housing units provides households with choices on different unit types to accommodate changing needs (i.e., single persons, newly married couples and elderly households typically need smaller units than households with school age children). A low vacancy rate may serve to increase market rents and housing costs, as shortages tend to result in higher prices and may limit the choices of households in finding adequate housing. It may also be related to overcrowding, as discussed in later sections.

**TABLE 22**  
**VACANCY BY UNIT SIZE 2000**

Category	Total		Housing Type					
	Number	%	0-1 BR	%	2 BR	%	3+ BR	%
Total Housing Units	29,464	100.0%	6,735	100.0%	15,188	100.0%	7,541	100.0%
<b>Occupied Units</b>	<b>25,266</b>	<b>85.8%</b>	<b>5,352</b>	<b>85.8%</b>	<b>13,195</b>	<b>79.5%</b>	<b>6,719</b>	<b>86.9%</b>
- Rental Units	9,037	30.7%	3,393	30.7%	4,256	50.4%	1,388	28.0%
- Ownership Units	16,229	55.1%	1,959	55.1%	8,939	29.1%	5,331	58.9%
<b>Total Vacant</b>	<b>4,198</b>	<b>14.2%</b>	<b>1,383</b>		<b>1,993</b>	<b>20.5%</b>	<b>822</b>	<b>13.1%</b>
- Vacant for Rent*	2,149	7.3%	N/A		N/A		N/A	
- Vacant for Sale*	523	1.8%	N/A		N/A		N/A	
- Other Vacant/Seasonal*	1,526	5.2%	N/A		N/A		N/A	

\* As a percentage of total housing units.

Source: 2000 Census

Figures from the 2000 Census show that approximately 4,198 units were vacant, which correlates to 14.3 percent of the total housing stock. As shown in Table 22, the majority of vacant units in the City were two bedroom units, followed by zero to one bedroom units. The data show that Vacant Units for Rent comprise 7.3 percent of Hemet's housing stock, and Vacant Units for Sale represent 1.8 percent of all units in the City. These categories are considered the "traditional" vacancy in a housing market. An additional 5.2 percent of the total housing stock is considered Vacant – Other.

#### 1.4.4. Age of Housing Stock

Age is one measure of housing stock condition and a factor for determining the need for rehabilitation. Without proper maintenance, housing units deteriorate over time. Thus, units that are older are likely to be in need of major repairs, such as a new roof or plumbing. As a general rule of thumb, houses 30 years or older are considered aged and are more likely to require major repairs. In addition, older houses may not be built to current housing standards for fire, earthquake safety, and energy efficiency.

Table 23 identifies the distribution of housing units by year built as of March 2000. According to the 2000 Census, the highest rate of construction occurred in Hemet in the 1970s, accounting for 30.8 percent of the existing housing stock. The 1980s was another active period of housing construction in Hemet, accounting for 29.2 percent of existing units. About one-fifth of Hemet's housing units were built prior to 1969 and are at least 35 years old. Seventeen percent of the City's stock was developed from 1990 to March 2000.

**TABLE 23**  
**Age of Housing Stock**

<b>Year Built</b>	<b>Number of Units</b>	<b>Percent of Units</b>
Before 1940	545	1.8%
1940 – 1949	447	1.5%
1950 – 1959	1,516	5.1%
1960 – 1969	4,255	14.4%
1970 – 1979	9,072	30.8%
1980 - 1990	8,599	29.2%
1990 – March 2000	5,030	17.1%
<b>Total</b>	<b>29,464</b>	<b>100.0%</b>

Source: 2000 Census

Over one-fifth of the city's housing units were built prior to 1970, thereby reflecting that a large proportion of the units are over 30 years of age. This indicates that a large proportion of the city's housing units are at the age where significant maintenance may be necessary, and programs designed to assist homeowners in the maintenance and rehabilitation of units will be essential.

#### **1.4.5. Substandard Housing**

Housing is considered substandard when physical conditions are determined to be below the minimum standards of living, as defined by Section 1001 of the Uniform Housing Code. A housing unit is considered substandard if any of the following conditions exist:

- Inadequate sanitation
- Structural hazards
- Nuisances
- Faulty weather protection
- Fire hazards
- Inadequate maintenance
- Overcrowding
- Hazardous wiring, plumbing or mechanical equipment

**TABLE 24**  
**PLUMBING AND KITCHEN FACILITIES BY TENURE 2000**

	<b>Owner</b>	<b>%</b>	<b>Renter</b>	<b>%</b>
Complete plumbing facilities	16148	99.5%	8937	98.9%
Lacking complete plumbing facilities	81	0.5%	100	1.1%
Complete kitchen facilities	16173	99.7%	8794	97.3%
Lacking complete kitchen facilities	56	0.3%	243	2.7%
<b>Total units</b>	<b>16229</b>	<b>100.0%</b>	<b>9037</b>	<b>100.0%</b>

2000 Census SF3, Tables H48 & H51

Households living in substandard conditions are considered as being in need of housing assistance even if they are not actively seeking alternative housing arrangements. In addition to structural deficiency and standards, the lack of certain infrastructure and utilities often serves as an indicator of substandard conditions. As shown in Table 24, there were 81 owner-occupied units (0.5%) and 100 rental units (1.1%) lacking complete plumbing facilities, and 56 owner-occupied units (0.3%) and 243 rental units (2.7%) lacking complete kitchen facilities.

## 1.5. HOUSING COSTS AND RENTS

This section discusses resale costs of existing housing, as well as the typical rental prices in the City.

### 1.5.1. Existing and New Home Price Trends

The City of Hemet, as the rest of Southern California, experienced a drop in home prices in the early 1990s following a price peak in 1989/90. Since the recession of the early 1990s, market prices are continuing to rise, with a 2004 median sales price for single-family homes ranging between \$190,000 and \$250,000, and from \$110,000 to \$155,000 for condominiums (Table 25).

**TABLE 25**  
*MEDIAN HOME PRICES*  
*HEMET AND RIVERSIDE COUNTY*  
*2004*

<i>Area/Zip Code</i>	<i>Median Sale Price</i>	
	<i>SFD</i>	<i>Condo</i>
Hemet		
92543	190,000	110,000
92544	250,000	127,000
92545	245,000	155,000
Riverside County Total	315,000	260,000

Source: DataQuick, 2005

Table 26 reflects the distribution of housing values reported in the 2000 Census. (Note: These statistics include mobile or manufactured housing, therefore the values are lower than the median values reported by DataQuick.) This table shows that nearly three-fourths of owner-occupied units were valued below \$100,000. The availability of manufactured homes in the city is a significant advantage for lower-income residents.

**TABLE 26**  
HOUSING VALUES - 2000  
HEMET

	Units	%
<b>Total:</b>	<b>16,229</b>	<b>100.0%</b>
Less than \$100,000	11865	73.1%
\$100,000 to \$124,999	1586	9.8%
\$125,000 to \$149,999	1,266	7.8%
\$150,000 to \$174,999	695	4.3%
\$175,000 to \$199,999	399	2.5%
\$200,000 to \$249,999	195	1.2%
\$250,000 to \$299,999	110	0.7%
\$300,000 to \$399,999	54	0.3%
\$400,000 to \$499,999	24	0.1%
\$500,000 to \$749,999	10	0.1%
\$750,000 to \$999,999	0	0.0%
\$1,000,000 or more	25	0.2%
Median value	\$69,900	

2000 Census SF3, Table H84, H85 (Includes mobile homes)

### 1.5.2. Rents

Table 27 lists the rent distribution by unit size based on 2000 Census data. The table shows that the largest number of rentals was a 2-bedroom unit, with nearly as many one-bedroom units available. Further analysis indicates that about 38 percent of all apartment units in Hemet rented for between \$500 and \$749.

**TABLE 27**  
Rents By Number of Bedrooms - Hemet  
2000

<i>Rent</i>	<i>Studio</i>	<i>1 Bedroom</i>	<i>2 Bedroom</i>	<i>3+ Bedroom</i>	<i>Total</i>	<i>% Total</i>
\$0-\$200	11	86	48	21	166	1.8%
\$200-299	73	68	105	6	252	2.8%
\$300-499	306	1532	1007	100	2,945	32.7%
\$500-749	95	671	2,236	428	3,430	38.1%
\$750-999	49	127	429	552	1,157	12.9%
\$1,000 +	60	270	215	218	763	8.5%
No Cash Rent	0	45	181	63	289	3.2%
<b>Total</b>	<b>594</b>	<b>2,799</b>	<b>4,221</b>	<b>1,388</b>	<b>9,002</b>	<b>100.0%</b>

Source: 2000 Census.

### 1.5.3. Affordability Gap Analysis

The costs of home ownership and renting can be compared to a household's ability to pay for housing, based on the 2004 HUD

median income of \$54,300 for the Riverside County area. Table 28 identifies maximum affordable rents and purchase prices by income category for both a family of four and a single person household, based on 30 percent of income expended. The maximum affordable housing costs is adjusted based on household size.

Overpayment refers to renters and homeowners who must pay more than 30 percent of their gross incomes for shelter. A high cost of housing eventually causes fixed-income, elderly and lower income families to use a disproportionate percentage of their income for housing. This may cause a series of related financial problems that may result in a deterioration of housing stock, because costs associated with maintenance must be sacrificed for more immediate expenses, or inappropriate housing sizes and types to suit the needs of the household.

**TABLE 28**  
2004 MAXIMUM RENT AND PURCHASE PRICE BY INCOME CATEGORY  
CITY OF HEMET

<i>Income Category</i>	<i>Annual Income</i> <sup>1</sup>	<i>Maximum Affordable Rent Payment</i> <sup>2</sup>	<i>Maximum Affordable Purchase Price</i> <sup>3</sup>
<b>Four Person Household</b>			
Very Low (<50%)	27,150	679	86,000
Low (51-80%)	43,450	1,086	137,000
Moderate (81-120%)	65,150	1,629	195,000
Above Moderate (>120%)	65,150+	1,629+	195,000+
Median	54,300		
<b>Single Person Household</b>			
Very Low (<50%)	19,000	475	60,000
Low (51-80%)	30,400	760	95,000
Moderate (81-120%)	45,600	1,140	143,000
Above Moderate (>120%)	45,600+	1,140+	143,000+
Median	38,000		

<sup>1</sup> Based on HUD income limits, January 2005

<sup>2</sup> Calculated as 30% of income divided by 12 months.

<sup>3</sup> Assumes 10% down payment, a 6.5% interest rate and tax and homeowners insurance.

In the case of purchase, the 30 percent threshold includes payment on principal and interest, and an assumed 1.25 percent allocation for taxes and homeowner insurance. In actuality, taxes and insurance may sometimes exceed the assumed 1.25 percent. A 10 percent down payment and a 6.5 percent interest rate is assumed, reflecting 2005 market conditions.

Smaller households in the very low-income category face challenges in the rental market, and also have few rental options available to them apart from boarding or sharing rental expenses with roommates, which may result in overcrowded conditions. The data indicates that a family of four earning 50 percent of the area median family income (\$27,150 annually) can afford to pay no more than \$679 per month for rent in order to avoid overpayment. Rental

market data shows that a substantial portion of apartments renting for less than that amount.

A very low-income family of four would be able to afford selected two bedroom apartments, and the majority of one-bedroom units. However, a one-bedroom unit would not accommodate a family of four without resulting in significant overcrowded conditions. To avoid overcrowded conditions, a family of four must find housing with 2 bedrooms or more, which may be challenging for lower income families.

Despite the relatively affordable housing stock in the City, there is an inadequate supply of affordable housing for very low-income and large families. Multi-family housing is the primary source of affordable housing in most communities. Apartment units in Hemet are concentrated in one and two -bedroom units, with some studio units available. Therefore, there are relatively few apartments in the City appropriately sized for larger families.

With regard to home purchase opportunities in Hemet, data indicate that housing purchase opportunities in the City are quite limited for low- and very-low-income households. Smaller households at the lower end of the low-income range will have a limited selection of units from which to choose. However, the supply of mobile and manufactured homes provides a relatively affordable source of housing for households of modest means. Those in the moderate and above moderate-income category are generally well served by the housing market, particularly above moderate-income households.

## **2. PUBLIC AND ASSISTED HOUSING**

### **2.1. PUBLIC HOUSING**

The City of Hemet does not own or operate any public housing facilities. However, the County currently has nine (9) rental complexes consisting of over 1,700 rental units that are currently assisted with Section 8 Housing vouchers through the County of Riverside Housing Authority including two properties located within the City; Hemet Estates located at 1101 E. Menlo Avenue, and Villa Hemet located at 5550 North Santa Fe Street.

The Affordable Public Housing Waiting list contains 30,173 families as of February 2004. The Section 8 and the Affordable Public Housing Waiting lists are not mutually exclusive. Many families are on both lists. The wait for those that meet the preferences is about 18 months for Section 8 and about a year for Affordable Public Housing. The funding for the Voucher Program is limited and the wait will continue to grow longer without an increase in funding. It is not expected that additional funding for the Voucher Program will be forthcoming.

The waiting list for the Section 8 Housing Choice Voucher Program has 30,173 families as of February 2004, of which 2,906 are Hemet residents. The detail breakdown of the housing needs of the families on the Section 8 housing waiting list is shown in TABLE 29:

**TABLE 29**  
**Housing Needs of Families on the PHA's Waiting Lists**  
**As of February 4, 2005**

Waiting list type:		
Section 8 tenant-based assistance		
Public Housing		
Combined Section 8 and Public Housing		
Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
	# of families	% of total families
Waiting list total	30,173	
Extremely low income <=30% AMI	21,655	72
Very low income (>30% but <=50% AMI)	8,328	28
Low income (>50% but <80% AMI)	178	.005
Families with children	17,812	59
Elderly families	2,850	.09
Families with Disabilities	7,698	26
Race/ethnicity (1) White	20,628	68
Race/ethnicity (2) African-American	7,303	24
Race/ethnicity (3) American Indian	30	.0009
Race/ethnicity (4) Asian	517	.02
Race/ethnicity (5) Pacific Islander	170	.01
Race not given	1,525	.06
<i>The waiting list was closed as of May 31, 2004</i>		

**TABLE 30**  
**Waiting List 2004**

	Number	Elderly	Disabled
Hemet	1936	265	705

**TABLE 31**  
**Currently Housed (Receiving Assistance)**

	Number	Elderly	Disabled	0BR	1BR	2BR	3BR	4BR	5BR
Hemet	804	248	289	4	325	324	126	20	5

A family is considered elderly or disabled when the Head of Household is elderly or disabled. Some families may claim both elderly and disabled.  
As of 1/12/2004

The Housing Authority of the County of Riverside is assisting 8,305 families through tenant-based programs using various federal, state and local funding sources as of January 2004. Of those families, 8,210 are through the Section 8 Housing Choice Voucher Program. Those assisted through the Voucher Program are able to select the community in which they live and thus are scattered throughout the County of Riverside. One hundred

Voucher families were receiving assistance in Riverside County but have used the portability function of the program to move to other states or counties. The Housing Authority continues to fund the rental assistance for these families.

The Affordable Public Housing program has 481 units scattered throughout the County. A number of the units are more than 50 years old. Funding to modernize the public housing units to ensure long-term physical and social viability of the developments are done through HUD yearly funded Capital Fund Program. Capital Program activities to be undertaken by the Housing Authority are identified in the 5 Year and One Year Action Plan. The residents are invited each year in the process of drafting the Housing Authority's Plan and planned use of Capital Fund monies. A resident advisory board is formed and meets at least twice each year to review the PHA's strategy and policies for both public housing and tenant-based. Comments received at the meetings and at the general public hearing each year are incorporated in the Plans. Some of the capital works identified in the Plan include replacement of air conditioning, kitchen remodel, roof replacement, lighting, playground equipments, and carport replacement.

The Housing Authority has retrofitted and upgraded the interiors of their public housing units to meet HUD 504 mandatory requirements of 5 percent mobility and 2 percent hearing and vision impaired. Those units that were not converted for the mobility impaired were converted and included a redesign of stoops, walks and handrails for exterior accessibility. Health and safety concerns for the residents were addressed by providing security lighting, and completion of all lead-based paint testing and abatement for all public housing units. Playgrounds that have been installed have been accessible for the handicapped.

The Housing Authority has 271 project-based units assisted through the Moderate Rehabilitation Program. There are 156 units in the City of San Jacinto and 80 units in the City of Riverside. The balance of the units are scattered throughout the County of Riverside.

During 2003, the Housing Authority sold two apartment communities that were bond-financed affordable housing. In both cases, the complexes remained affordable housing and no families were displaced due to the transfer of ownership of the property.

The Housing Authority has been managing a 100 unit Migrant Farm worker Center in the community of Ripley. Due to cuts in funding to the Office of Migrant Services through the State of California, it is expected that the Migrant Center will be closing at the end of the season in March 2004.

The Housing Authority transferred ownership of the Men's Homeless Shelter in the City of Riverside to the County of Riverside to facilitate operations managed by the Department of Public Social Services through the Riverside Continuum of Care programs. The only remaining homeless shelter owned

by the Housing Authority is in Palm Springs and has 16 units for homeless families. The shelter is currently being operated by a local non-profit agency.

As part of the increasing homeownership opportunities for assisted families, the Housing Authority recently implements a Section 8 homeownership program. The Homeownership Program (HP) of the Housing Authority assists eligible participants in the Section 8 Housing Choice Voucher Program, who are also participants of the Housing Authority's Family Self Sufficiency (FSS) Program. The FSS program is further described in the next section. In order to maximize the resources available, this program will partner with the Riverside County's First Time Homebuyer's Program to further assist the families to achieve their homeownership dream.

The Housing Authority is presently administering a down payment assistance program through a HOME funded agreement in partnership with EDA. The program will utilize \$1,800,000 of HOME funds to assist approximately 60 loans averaging \$30,000 per loan to eligible participants. Loans were offered as a silent second mortgage with a ten-year term and zero interest rates. Homebuyers must be current qualified participants of County's Mobile Home Tenant Loan Program.

## **2.2. Housing Authority Status**

The Housing Authority of the County of Riverside is not a troubled agency.

## **3. BARRIERS TO AFFORDABLE HOUSING**

Barriers or impediments to affordable housing are caused when the incentive to develop such housing is removed due to excessive development costs and or the lack of community commitment. Some development costs are motivated by economic conditions and other issues that affect the real estate market, and are outside the control of local government.

In addition, the development of affordable housing is affected by both the economic market conditions and the housing policies of federal, state, and local governments, and the "Not in My Back Yard" (NIMBY) phenomenon.

Although Federal and state environmental regulations are implemented at the local level, these policies have and seem to continue to add to the cost of development. Public policy and community issues that potentially affect the cost of all development projects include the following:

- Land Use Development
- Cost of labor and material,
- Cost of land
- Environmental problems (wastewater, flood plains and capacity)
- Deed restrictions and covenants

### **3.1. Public Policy and Development Standards**

Development standards include; zoning ordinances, subdivision ordinances, and building code requirements. The most far-reaching constraints are those contained in the City's zoning ordinance which is the most traditional tool used by a local jurisdiction to regulate the use of private land. Zoning regulates the use; density; floor area; setbacks; parking; placement and mix of residential, commercial, and industrial projects. Zoning can also regulate the intensity of residential land use through minimum lot size requirements.

The City, while encouraging housing, is also concerned about the living environment that is created based on standards such as:

- Density
- Height
- Setback
- Under grounding of utilities
- Aesthetics

The City also allows residents the opportunity for input on projects; the conditional use permit process (although time consuming), is a reasonable compromise on projects as a method of affording a better project design.

### **3.2. Development Processing and Mitigation Fees**

Building, zoning and site improvement fees can significantly add to the cost of construction, and have a negative effect on the production of low-income housing. Since the enactment of Proposition 13, the Tax Reform Act of 1978, the City had to shift the cost impact of development to the developer in the form of a variety of development fees.

### **3.3. Development Review Process**

Fees associated with the extension and installation of utilities can be particularly burdensome.

The City development review process obtains revenue for capital projects through development fees. However, for high priority affordable housing projects, the City has used Redevelopment Housing Set-Aside funds to help pay application fees and other costs associated with the development review process.

The method of reducing some of the fee processing costs associated with affordable housing projects will continue to be utilized in the future on a case by case basis to help address barriers to affordability.

**PART III FIVE YEAR STRATEGIC PLAN****1. GENERAL****2. AFFORDABLE HOUSING****GOAL 1:**

**INCREASE THE CITY'S SUPPLY OF AFFORDABLE HOUSING THROUGH IMPLEMENTING BEAUTIFICATION AND REVITALIZATION OF FOUR IDENTIFIED BLIGHTED NEIGHBORHOODS.**

- Objective:
- Rehabilitate 75 multi-family blighted housing units by the year 2010.
  - Continue rehabilitation of Crestwood area (previously known as Valencia Apartment Association owners association)
  - Complete revitalization of 3 identified blighted neighborhoods by the year 2010.
  - Continue rehabilitation of the Valley View area (previously known as Sketch Alley Apartments Association)

Benefit: Very low and low-income owners and renters

Programs: Rental Rehab Program

Source: State HOME Funds, Redevelopment Set-Aside, Bank Financing, Rental Rehabilitation

**GOAL 2:**

**REHABILITATE THE CITY'S SINGLE FAMILY HOUSING UNITS THROUGH HOME REPAIR PROGRAMS FOR SENIORS AND VERY- LOW AND LOW INCOME FAMILIES.**

- Objective:
- Rehabilitate 75 single-family blighted housing units by the year 2010.
  - Rehabilitate 1500 single-family senior housing units by the year 2010.
  - Install 50 handicapped ramps for seniors by the year 2010.

Benefit: Very low and low-income owners.

Programs: Owner Occupied Housing Rehabilitation, Senior Home Repair

Source: CDBG, HOME, Redevelopment Set-Aside funds, and Bank Financing.

**GOAL 3:****PROVIDE DOWN PAYMENT ASSISTANCE TO ELIGIBLE LOW AND MODERATE INCOME FIRST-TIME HOMEBUYERS.**

- Objective: ▪ Provide 10 first-time homebuyers with downpayment assistance by the year 2010.
- Create a "Lease to Own" program by the year 2010.
- Assist 20 families with the "Lease to Own" program by 2010.
- Build 5 housing units for homeownership in partnership with Habitat for Humanity by the year 2010.

Benefit: Very-low, low, and moderate-income homebuyers.

Programs: Downpayment Assistance Program, Habitat for Humanity.

Source: State HOME funds, RDA set-aside funds, Bank Financing, Bond Financing.

**GOAL 4:****ENHANCE THE BEAUTIFICATION AND CRIME AWARENESS OF LOW AND MODERATE INCOME NEIGHBORHOODS THROUGH CODE ENFORCEMENT, REHABILITATION, and POLICE SERVICES.**

- Objective: ▪ Assign a code enforcement officer to provide 1500 hours of service to achieve 150 inspections of blighted housing units within low-income enhancement areas by the year 2010.
- Assign a minimum of one Hemet Police Officer to provide police services tin CDBG target areas to 200 residents by the year 2010.

Benefit: Very low and low-income residents.

Programs: Crime Free Multi-Housing, Safe Streets Now Program.

Source: CDBG, Redevelopment Set-Aside, General funds

**GOAL 5:****PROVIDE FAIR HOUSING SERVICES FOR INDIVIDUALS SEEKING LANDLORD/TENANT COUNSELING.**

- Objective: ▪ Provide Fair Housing assistance for 225 Hemet residents by the year 2010.

Benefit: Very low and low-income residents

Programs: Inland Fair Housing and Mediation Board

Source: Redevelopment Set-Aside

**GOAL 6:****PROVIDE PUBLIC HOUSING SERVICES FOR INDIVIDUALS SEEKING RENTAL ASSISTANCE.**

- Objective: ▪ Provide Section 8 rental assistant vouchers for 500 homeless or at risk of becoming homeless individuals or families by the year 2010.
- Benefit: Very low and low-income residents
- Programs: Riverside County Housing Authority
- Source: HUD 811-Physically Disabled Housing, CDBG, Redevelopment Set-Aside

**GOAL 7:****INCREASE MINORITY HOMEOWNERSHIP**

- Objective: ▪ Provide education to low-income minority groups by distributing booklets and conducting five (5) seminars on keys to homeownership by the year 2010.
- Benefit: Very low and low-income minority residents.
- Programs: Downpayment Assistance Program
- Source: State HOME, CDBG, Redevelopment Set-Aside

**3. HOMELESSNESS****GOAL 1:****SUPPORT NON-PROFIT AGENCIES AND CITY-OPERATED PROGRAMS THAT PROVIDE ASSISTED HOUSING, SERVICES AND/OR EMERGENCY SHELTER TO ASSIST HOMELESS PERSONS/FAMILIES OR THOSE AT RISK OF BECOMING HOMELESS.**

- Objective: ▪ Provide services or 35 shelter beds for 50 homeless persons and/or families, or at-risk of becoming homeless by the year 2010.
- Benefit: Homeless and at-risk of becoming homeless individuals and families.
- Programs: HUD 202-Senior Housing, Valley Restart Shelter, Riverside County Housing Authority, nonprofit agencies.
- Source: CDBG, Riverside County Housing Authority,

**GOAL 2:****MAINTAIN A CONTINUUM OF CARE STRATEGY TO AID HOMELESS PERSONS AND FAMILIES TRANSITION TO PERMANENT HOUSING.**

- Objective: ■ Provide services and/or 35 shelter beds for 50 homeless individuals and/or families to permanent housing by the year 2010.
- Maintain a Homeless Task Force within the City of Hemet to address overall homeless problems in San Jacinto Valley.

Benefit: Homeless and at-risk of becoming homeless individuals and families.

Programs: Riverside County Department of Public Social Service Homeless Programs, Valley Restart Shelter, nonprofit agencies.

Source: CDBG, Riverside County Housing Authority, Department of Public Social Services.

**GOAL 3:****STRIVE TO END CHRONIC HOMELESSNESS BY 2012.**

- Objective: ■ Provide services and/or 35 shelter beds for homeless individuals and/or families transitioning to permanent housing by the year 2010.
- Construct 75 affordable units of affordable senior apartments by the year 2010.
- Construct 18 housing units for the physically disabled by 2010.

Benefit: Homeless and at-risk of becoming homeless individuals and families.

Programs: Riverside County Department of Public Social Services and Homeless Programs, Section 8 Housing

Source: HUD 202-Senior Housing; HUD 811-Physically Disabled Housing, CDBG, Riverside County Housing Authority

**4. NON HOUSING COMMUNITY DEVELOPMENT STRATEGY****4.1. YOUTH****GOAL 1:****PROVIDE SUPPORT SERVICES FOR YOUTH AND AT-RISK YOUTH.**

- Objective: ■ Provide support services for 150 youth by the year 2010.

Benefit: Youth

Programs: Programs for youth.

Source: CDBG

## 4.2. FRAIL ELDERLY

**GOAL 1:**

**CONTINUE TO SUPPORT AND ASSIST FRAIL ELDERLY CITIZENS THROUGH OUTREACH SERVICES TO SUPPORT THEIR WELL-BEING AND ENABLE THEM TO MAINTAIN INDEPENDENCE.**

- Objective:   ▪   Provide services for the 250 frail elderly citizens by the year 2010.  
                  ▪   Provide Section 8 rental assistance vouchers to 30 elderly residents by the year 2010.

Benefit: Frail Elderly

Programs: Programs for the frail elderly.

Source: CDBG

## 4.3. PERSONS WITH DISABILITIES

**GOAL 1:**

**PROVIDE SUPPORTIVE SERVICES FOR THE PHYSICALLY DISABLED.**

- Objective:   ▪   Provide supportive services to 20 physically disabled persons by the year 2010.

Benefit: Physically Disabled

Programs: Programs for the physically disabled.

Source: CDBG

**GOAL 2:**

**PROVIDE SUPPORTIVE SERVICES FOR PERSONS WITH HIV/AIDS**

- Objective:   ▪   Provide supportive services to 25 persons suffering with HIV/AIDS by the year 2010.

Benefit: Persons with HIV/AIDS

Programs: Programs for persons with HIV/AIDS

Source: CDBG

#### 4.4. PERSONS WITH OTHER SPECIAL NEED

**GOAL 1:** PROVIDE PUBLIC SERVICE ACTIVITIES FOR LOW AND MODERATE-INCOME PERSONS, AND PERSONS WITH SPECIAL NEED WITHIN THE CITY.

- Objective: ■ Provide supportive services to 20 domestic violence victims by the year 2010.
- Provide supportive services to 25 persons needing health care.
- Provide supportive services to 25 persons needing deaf services

Benefit: Persons with other special need

Programs: Programs for persons with special needs.

Source: CDBG

#### 5. PUBLIC FACILITIES

**GOAL 1:** PROVIDE IMPROVEMENT TO PUBLIC FACILITIES TO MEET COMMUNITY NEEDS FOR COMMUNITY RECREATION CENTERS, SENIOR CENTERS, HEALTH CENTERS, AND PUBLIC SERVICE FACILITIES THROUGH DESIGN AND CONSTRUCTION.

- Objective: ■ Improve 5 public facilities for seniors, youth, and persons with special need by the year 2010.

Benefit: Seniors, youth, persons with special need.

Programs: Hemet Senior Center, Hemet youth recreation centers, Hemet health centers, public services agency facilities.

Source: CDBG

##### 5.1. INFRASTRUCTURE

**GOAL 2:** IMPROVE EXISTING INFRASTRUCTURE INCLUDING ADA IMPROVEMENTS THROUGH DESIGN AND CONSTRUCTION.

- Objective: ■ Provide major street reconstruction (including street, sidewalk and gutter, curb cuts, and ADA access), storm drain and sewer improvements, water capacity improvements through rehabilitation in 5 designated enhancement areas by the year 2010.

Benefit: Disabled residents, and low and moderate-income residents

Programs: Florida Ave/Morton Place Improvement Project

Sun Park Hemet II

Public Works Projects (Misc)

City of Hemet Building and Safety Department – Access Ramps

Heartland Community Facilities District (CFD)

Source: CDBG, Gas Tax, Measure A, Redevelopment Set-Aside

## 6. ECONOMIC DEVELOPMENT

### GOAL 1:

**RETAIN AND EXPAND THE CITY'S ECONOMIC OPPORTUNITIES TO PRINCIPALLY LOW INCOME PERSONS THROUGH JOB CREATION AND RETENTION BY STABILIZING AND EXPANDING SMALL BUSINESSES.**

- Objective:
- Create 100 low-income jobs by the year 2010.
  - Increase the number of new business licenses by 25 percent by the year 2010.
  - Increase retail sales and assessed valuation in Hemet by 25 percent by the year 2010.
  - Install beautification mechanisms in low and moderate-income areas to increase functionality and promote safety by the year 2010.

Benefit: Low-income persons/jobs.

Programs: Programs for small business and low income jobs.

Source: CDBG, Tax Allocation Bonds, Redevelopment Funds

## 7. REMOVAL OF BARRIERS TO AFFORDABLE HOUSING

Barriers or impediments to affordable housing are caused when the incentive to develop such housing is removed due to excessive development costs and or the lack of community commitment. Some development costs are motivated by economic conditions and other issues that affect the real estate market, and are outside the control of local government.

In addition, the development of affordable housing is affected by both the economic market conditions and the housing policies of federal, state, and local governments, and the "Not in My Back Yard" (NIMBY) phenomenon.

Although Federal and state environmental regulations are implemented at the local level, these policies have and seem to continue to add to the cost of development. Public policy and community issues that potentially affect the cost of all development projects include the following:

- Land Use Development
- Cost of labor and material,
- Cost of land
- Environmental problems (wastewater, flood plains and capacity)
- Deed restrictions and covenants

### 7.1. HOUSING DEVELOPMENT FEES

Building, zoning and site improvement fees can significantly add to the cost of construction, and have a negative effect on the production of low-income housing. Since the enactment of Proposition 13, the Tax Reform Act of

1978, the City had to shift the cost impact of development to the developer in the form of a variety of development fees.

## **7.2. DEVELOPMENT REVIEW PROCESS**

Fees associated with the extension and installation of utilities can be particularly burdensome.

The City development review process obtains revenue for capital projects through development fees. However, for high priority affordable housing projects, the City has used Redevelopment Housing Set-Aside funds to help pay application fees and other costs associated with the development review process.

The method of reducing some of the fee processing costs associated with affordable housing projects will continue to be utilized in the future on a case by case basis to help address barriers to affordability.

## **7.3. INFRASTRUCTURE CONSTRAINTS**

Any development in the City is scrutinized for its impacts on the community in transportation, sewer, parks, recreation, and pedestrian use. The cost of new or improved infrastructure is often shifted to the development, thus increasing the housing costs. This in turn creates barriers.

## **7.4. ZONING ORDINANCES**

Development standards include; zoning ordinances, subdivision ordinances, and building code requirements. The most far-reaching constraints are those contained in the City's zoning ordinance which is the most traditional tool used by a local jurisdiction to regulate the use of private land. Zoning regulates the use; density; floor area; setbacks; parking; placement and mix of residential, commercial, and industrial projects. Zoning can also regulate the intensity of residential land use through minimum lot size requirements.

The City, while encouraging housing, is also concerned about the living environment that is created based on standards such as:

- Density
- Height
- Setback
- Under grounding of utilities
- Aesthetics

The City also allows residents the opportunity for input on projects; the conditional use permit process (although time consuming), is a reasonable compromise on projects as a method of affording a better project design.

## **7.5. DAVIS-BACON WAGE COMPLIANCE**

A prevailing wage must be paid to laborers when federal funds are used for any project over \$2,000 or any multi-family project over eight units. The prevailing wage is usually higher than competitive wages. Davis-Bacon requires extensive paperwork that adds to housing costs to document the prevailing wages in order to comply with monitoring requirements.

These requirements restrict participation by small, minority contractors. Conversely, many of the workers hired for these projects are better paid due to Davis-Bacon requirements, which is helpful for low or limited skilled workers who are intended to be the beneficiaries of this federal law.

## **7.6. FLOOD PLAIN INSURANCE**

When federal funds are used to rehabilitate homes or build new homes located in a flood plain zone, the developer or homeowner is required to obtain flood plain insurance. This requirement can be costly and impact low-income homeowners, especially where minor rehabilitation is involved.

The City, along with other jurisdictions and national interest groups, support exemptions from federal regulations requirement for insurance for minor rehabilitation projects.

## **7.7. TAX POLICIES**

While basic property taxes in California are set at 1.02 percent of the assessed value of a home or multi-family unit. Property taxes as well as other types of taxes, have the potential to create a barrier to affordable housing.

## **7.8. ARTICLE 34**

Article 34 of the State Constitution requires that each jurisdiction place a referendum on the ballot that allows residents to vote for or against the development of low-income housing.

## **7.9. PUBLIC OPPOSITION TO AFFORDABLE HOUSING**

Public opposition to affordable housing projects can cause delays in the development review process and sometimes lead to project denials. Developers of affordable housing projects can spend a large amount of funds if a proposed project is denied during the public hearing process.

Let it be noted that providing information to the public on existing zoning and general plan requirements, and environmental issues prior to project approval may provide developers of affordable housing projects with choices and assist to prevent unforeseen costs relating to inappropriate site selection.

## 7.10. OTHER GOVERNMENTAL CONSTRAINTS

Government constraints, which exist at every level, play a major role in reducing housing production through the construction of new units and the preservation of existing housing through rehabilitation. These constraints affect the City's ability to develop, maintain, and improve housing. Some of the major constraints are:

- The Tax Reform Act of 1986
- Environmental review requirements
- Permit requirements
- Historical renovation requirement for building on the National or State Historical Register
- Davis-Bacon wage requirements
- Lead-Based paint requirements.

## 8. LEAD BASED PAINT AND LEAD HAZARD REDUCTION STRATEGY

The City's five-year goal is to reduce or eliminate lead-based paint with outreach education that addresses the hazards.

The lead poison program is administered through the County of Riverside Department of Health Services (DHS) – Epidemiology division. DHS receives most of its referrals from the State Child Health Disability Program (CHDP) and from public health clinics for children.

The CHDP Program requires that all physicians receiving funding from the program test all children less than five years of age for lead poisoning. This is accomplished by working with the Head Start, kindergarten, and state pre-schools.

If lead poisoning is discovered, the case is turned over the DHS, who then follows up and determines the proper treatments. For children with a blood level of 20 ug/dL or higher, the DHS sends a specialist for a home visit to evaluate the premise; educate the parents on how to eliminate the lead sources; provide information on nutrition and prevention of lead poison; and urge other children on the premises to be tested for lead poisoning.

## 9. ANTI-POVERTY STRATEGY

The City of Hemet will continue to assist and support those organizations and groups that provide goods and services to low income, moderate income and homeless individuals and families.

The essential elements of the City's anti-poverty strategy are:

- Section 8 Rental Assistance Payments
- Riverside County Housing Authority Section 8 Family Rental Assistance

- 100 jobs for low/moderate income persons will be created by the projects to be financed by the City's Redevelopment Agency.
- Compliance with Section 3 of the Housing and Urban Development Act of 1968 that requires that economic opportunities generated by HUD financial assistance for housing and community development programs be targeted toward low and very low-income persons.

## **10. INSTITUTIONAL STRUCTURE**

The City's Finance Department is the primary department responsible for the implementation of the Consolidated Plan. Staff implements the Consolidated Plan activities through the following departments:

- Redevelopment Division
- Housing Department
- Code Enforcement
- Community Development Department
- Public works
- Police Department
- Fire Department

### **10.1. Other Government Organization**

Riverside County Housing Authority (RCHA) is responsible for the administration of the Housing Voucher and Certificate Program (Section 8). The City will continue to contract to RCHA for the provision of vouchers and certificates within its jurisdiction.

The Department of Equal Employment and Fair Housing oversees fair housing and equal employment opportunities for persons in this jurisdiction.

### **10.2. Non-Profit Organizations**

Inland Fair Housing Mediation Board contracts annually with the City annually to provide tenant-landlord counseling, advocacy, and dispute resolution.

A variety of non-profit agencies deliver services to the City and are previously mentioned within this Consolidated Plan. The City's Finance Department Staff monitor the agencies that have contracted with the City for Public Service grants. Additionally, other non-profit agencies not receiving grant funds are supported through a cooperative exchange of information and referral.

### **10.3. Private Institutions**

Low-Income Housing Preservation and Resident Homeownership Act (LIHPRHA) – Subject to funding appropriation, LIHPRHA will provide the following financial incentives necessary for acquisition of federally

subsidized, at-risk projects by non-profit organization, tenant, and local governments:

- *Project-based Section 8 contracts*
- *Grants to non-profit agencies to purchase the project to fill the gap between market and allowable rents*
- *Mortgage insurance for equity take-out loans and acquisition loans*

Federal National Mortgage Association (FNMA) – The Federal National Mortgage Association (Fannie Mae), a quasi-public agency, was created in 1938 to:

- Improve the distribution of home financing capital by providing assistance and support to a secondary mortgage market in order that mortgage instruments or loans have liquidity.
- Provide support of special assistance programs for the financing of homes, and home mortgages.
- Fannie Mae purchases mortgages from private lenders through its Community Home buyer Program
- If the borrower makes a down payment from his/her own resources equaling five percent or more, the borrowers family income cannot exceed 120 percent of the HUD is median income.

## **11. COORDINATION**

The City will continue to meet with public and other assisted housing providers and services agencies to use all available resources. Communication between these parties will occur throughout the year in order to endorse applications for funding and to discuss cooperative ventures.

The City allocates up to fifteen (15) percent of all CDBG funds for social services each fiscal year.

## **12. GAPS IN THE DELIVERY SYSTEM**

Assessing the strengths and weaknesses in the delivery system is an ongoing process. Community resources and needs will continue to fluctuate, but needs will most likely always outweigh the resources. Affordable housing and all of the barriers mentioned are the biggest gap in the delivery system to meet the housing needs of the low income and special needs populations. Staff members and citizens alike will work together to further identify, strengths and narrow the gaps of the system.

## **13. PUBLIC HOUSING RESIDENT INITIATIVES**

The City of Hemet has no public housing facilities; however, the City currently has nine (9) rental complexes consisting of over 1,700 rental units that are currently assisted with Section 8 Housing vouchers through the County of Riverside Housing Authority.

**13.1. ASSISTED HOUSING**

The Housing Authority of the County of Riverside is a public agency chartered by the State of California to administer the development, rehabilitation or financing of affordable housing programs. The primary mission of the Housing Authority is to provide affordable decent, safe and sanitary housing opportunities to low and moderate income families including elderly and handicapped persons, while supporting programs to foster economic self-sufficiency. The Housing Authority has been serving Riverside County for over 60 years.

The Housing Authority of Riverside County to administer the Section 8 Certificate and Voucher Programs. Currently, the County has 1,700 affordable units throughout the County using various federal, state, and local funding sources.

The waiting period for housing assistance will vary from one month up to seven years, depending on the preferences that apply to the applicant family. Preference is currently given to residents of Riverside County that are elderly, disabled, government displaced, working families that are paying over 50 percent of their income toward rent and utilities and non working families that pay over 50 percent of their income for rent and utilities.

The area of jurisdiction for the Housing Authority of the County of Riverside includes the entire County of Riverside. The Housing Authority of the County of Riverside has a waiting list for public housing and Section 8 Existing Housing Programs of approximately 30,173 families. The waiting list for the Section 8 Housing Choice Voucher Program is closed. However, the Housing Authority is accepting registrations for the Affordable Public Housing Program. There is a need for affordable housing in the entire County.

Tables 32 identify the number of persons on waiting list as well as persons who are currently housing and receiving assistance as of February 4, 2005. The Table also describes housing needs of families on the PHA's waiting lists as of February 4, 2005.

TABLE 32 CITY OF HEMET PHA WAITING LIST Waiting List									
	Number	Elderly	Disabled						
Hemet	1936	265	705						
Riverside	7652	583	1966						
Currently Housed (receiving assistance)									
	Number	Elderly	Disabled	0BR	1BR	2BR	3BR	4BR	5BR
Hemet	804	248	289	4	325	324	126	20	5
A family is considered elderly or disabled when the Head of Household is elderly or disabled.									
Some families may claim both elderly and disabled.									

Housing Needs of Families on the PHA's Waiting Lists As of February 4, 2005 (Same as Table 29)			
Waiting list type: (select one)			
x Section 8 tenant-based assistance			
Public Housing			
Combined Section 8 and Public Housing			
Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
	# of families	% of total families	
Waiting list total	30,173		
Extremely low income <=30% AMI	21,655	72	
Very low income (>30% but <=50% AMI)	8,328	28	
Low income (>50% but <80% AMI)	178	.005	
Families with children	17,812	59	
Elderly families	2,850	.09	
Families with Disabilities	7,698	26	
Race/ethnicity (1) White	20,628	68	
Race/ethnicity (2) African-American	7,303	24	
Race/ethnicity (3) American Indian	30	.0009	
Race/ethnicity (4) Asian	517	.02	
Race/ethnicity (5) Pacific Islander	170	.01	
Race not given	1,525	.06	

No residents occupying units owned by the Housing Authority were displaced by governmental action. In the event that any resident is displaced, the Housing Authority issues HUD Section 8 Housing Assistance payments and gives preferences to those residents that are displaced.

## 14. MONITORING

### 14.1. MONITORING PROGRAM

As the lead agency the City of Hemet through the Finance Department constantly monitors all CDBG funded activities according to the U.S. Department of Housing and Urban Development Regulations and Requirements.

The guiding principles and objectives of monitoring are to ensure sub-recipient's performance goals are met, including progress against the recipient's work plan, performance schedule, and budget. Therefore, the contracts include requirements for the sub-recipient's performance and financial reporting on a quarterly basis.

The City's Finance Department is responsible for technical and financial oversight and evaluation of the sub-recipient's performance. Also, staff is to maintain a project-working file, which includes the following:

- CDBG Application
- Application Eligibility Review
- Contract Agreement
- Environmental Report
- Correspondence

- Financial Status Reports
- Activity Reports
- On-Site Monitoring Report

Prior to approving any payment request, the Finance Department staff reviews the working file for program compliance, makes an assessment, and releases the request for payment.

Monitoring activities of sub- recipients are carried out through the following methods:

- ii. Federal Regulatory Compliance – EDA staff will ensure that all CPD funded activities comply with applicable Federal regulations including environmental clearance, labor compliance, procurement procedures, affirmative action, equal opportunity, and fair housing.
- iii. Eligibility Review – To ensure adherence and continuity with the Five-year Consolidated Plan which focuses on the adopted comprehensive community needs assessments and other recognized community planning documents, city staff reviews and analyzes all proposed uses of CDBG funds by the City.
- iv. Agreements – Hemet’s legal staff ensure that contracts between the City and CDBG sub-recipients, contain the necessary language detailing HUD and City requirements.
- v. Project Reporting – CDBG recipients on a quarterly basis submit a report on the programs ability to meet an “overall benefit” requirement. Annually each sub-recipient are required to certify, in the aggregate, at least 70 percent of their CDBG funds have met the low and moderate Income Benefit National Objective. The low and moderate Income National Objective requires that at least 51 percent of the program’s beneficiaries are low and moderate income persons. This information is certified through the following methods:
  - vi. On-site Monitoring – The Finance staff conduct on-site monitoring visits, at least semi-annually, for technical and financial oversight, including progress against the recipient’s work plan, performance schedule, and budget. Reviewing the reports that each sub-recipient submits eliminates potential problems and resolves performance problems before they become major issues. Site visits include, but are not limited to, monitoring recipients for compliance with the terms and conditions of the executed contract; assuring that recipients account for proper use and accounting of program income; assuring that recipients submit required organizational audits; assuring recipient’s requests for reimbursement are submitted in a timely manner and in the proper format; and assuring recipients are maintaining a current award working file. A site visit-monitoring sheet with findings is completed by staff and filed in the project file. If a

recipient is found in violation, written notification of findings to the recipient with a follow-up monitoring visit(s) remits future programmatic issues.

- vii. MBE/WBE – Monitoring efforts are in place to ensure the City's makes an assertive effort to increase minority, women, and disabled veterans business participation in the procurement of supplies, equipment, materials, and professional services.