

# San Bernardino County 2013 Homeless Count and Subpopulation Survey: Preliminary Findings and Recommendations

2013 San Bernardino County Homeless Count Survey Instrument  
City or Unincorporated Area: \_\_\_\_\_

Your Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Are You Homeless Today?	First Initial of First Name Only	First Initial of Last Name Only	Age: please record number for age group: 1=under 18 2=18 to 24 3=25 to 29 4=30 to 39 5=40 to 49 6=50 to 61 7=62 to 69 8=70 to 79 9=80+	State Born	Have You Served on active duty in the U.S. Armed Forces or called into active duty as a member of the National Guard or as a Reservist?	Have you been living in an emergency shelter and/or on the streets or in abandoned buildings for the past year or more?	Have you stayed in an emergency shelter or on the streets 4 times or more during the last 3 years?	Do You Have a Physical Disability?	Do You Have a Developmental Disability?	Do You Have a Chronic Health Condition such as Diabetes, Heart Trouble, High Blood Pressure, Seizures, Hepatitis, Respiratory Problems, Epilepsy, Tuberculosis, or Arthritis?	If yes, does this condition limit your ability to get or keep a job or take care of personal matters?	Have You Been Diagnosed with AIDS or Have You Tested Positive for HIV?	Do You Feel You Have a Mental Health Problem?	Do You Have a Drug or Alcohol Problem?	Do You Ever Been a Victim of Domestic Violence or Intimate Partner Violence?	During the Last 12 Months, Were You Released from a Correctional Institution such as a Jail or Prison After Serving a Court-Ordered Sentence?	If Yes, Did the Correctional Institution Provide You With Information Before Your Release about Housing, Social Services, Transportation, etc.?	How Many Children do you have under Age 18 who are Homeless & Living With You Today?	Is Your Spouse or Partner* Living with you today? If "Yes," Record Answers to same Questions for Spouse or Partner in Following Shaded Row.	Is Your Spouse or Partner* Living with you today? If "Yes," Record answers to same questions for Spouse or Partner in following shaded row.	
Y	N	A	B	M	1	4	CA	Y	N	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	N			M				Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	N	Spouse/Partner		M				Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	N	Spouse/Partner		M				Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	N	Spouse/Partner		M				Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	N	Spouse/Partner		M				Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	N	Spouse/Partner		M				Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	N	Spouse/Partner		M				Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	N	Spouse/Partner		M				Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	N	Spouse/Partner		M				Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	N	Spouse/Partner		M				Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	N	Spouse/Partner		M				Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	N	Spouse/Partner		M				Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	N	Spouse/Partner		M				Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
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Y	N	Spouse/Partner		M				Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
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Y	N	Spouse/Partner		M				Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	N	Spouse/Partner		M				Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	N	Spouse/Partner		M				Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
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Y	N	Spouse/Partner		M				Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	N	Spouse/Partner		M				Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	N	Spouse/Partner																			

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City of Chino Police Department  
City of Chino Hills City Offices  
City of Colton  
Lawrence Hutton Community Center  
City of Grand Terrace City Offices  
City of Highland City Offices  
City of Loma Linda City Offices

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Transitional Assistance Department  
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Salvation Army – San Bernardino  
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City of Rialto Code Enforcement  
Colorado River Sheriff Station  
Colton Police Department  
Fontana Police Department  
Fontana Sheriff Station  
Hesperia Sheriff Station  
Highland Sheriff Station  
Montclair Police Department  
Morongo Basin Sheriff Station

Ontario Police Department  
Rancho Cucamonga Police Department  
Redlands Police Department  
San Bernardino Police Department  
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Upland Police Department  
Victor Valley Sheriff Station  
Victorville Police Department  
Yucaipa Sheriff Station

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 Community Action Partnership  
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 Desert Communities United Way  
 Desert Manna Ministries  
 Ecclesia Christian Fellowship  
 Foothill Family Shelter  
 High Desert Homeless Shelter  
 Inland Temporary Homes  
 Mary’s Mercy Center  
 Mercy House  
 New Hope Village  
 Pacific Lifeline  
 Salvation Army – San Bernardino  
 The Blessing Center  
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 Way World Outreach  
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 Water of Life Community Church  
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## I. Executive Summary

The 2013 San Bernardino County Homeless Count and Subpopulation Survey provides baseline data that quantifies and documents the total number of homeless persons and the number of homeless persons for several subpopulations for the entire County that includes 24 cities and four unincorporated areas in which homeless persons were counted (see tables 1 - 3 below). This information also provides an opportunity for each jurisdiction to establish annual incremental “reduction” benchmarks that will serve as markers by which progress towards ending homelessness can be measured over the next five years which is strongly encouraged by the United States Department of Housing and Urban Development (HUD).

In order to achieve the annual benchmarks, each jurisdiction also has an opportunity to adopt and implement the recommendations in this report in order to end homelessness within its boundaries. These recommendations are aligned with the County of San Bernardino 10-Year Strategy to End Homelessness. They are also aligned with several evidence-based and best practices that have been promoted throughout the country during the past decade. These practices have helped achieve unprecedented decreases in the total number of homeless persons—and in particular families, chronic homeless persons, and veterans—across the country since 2005.

Three initial steps are needed in order to end homelessness in each jurisdiction: 1) accept baseline numbers; 2) establish annual “reduction” benchmarks; and 3) implement the next steps in this report to achieve reductions.

There are 2,321 adults and children who are homeless on a given day in San Bernardino County as noted in Table 1 below. Of the 2,321 persons, 1,247—1,182 adults and 65 children—are unsheltered and 1,074—640 adults and 434 children—were sheltered. Five hundred and eighteen (518) persons—357 adults and 161 children—were living in shelters or received a motel voucher, and 556 persons—283 adults and 273 children—were living in transitional housing.

Table 1 also notes that more than three-fourths (78%) or 1,821 homeless adults and children were counted within seven cities which include Fontana, Loma Linda, Ontario, Rancho Cucamonga, San Bernardino, Upland, and Victorville. Also, these seven cities had nearly three-fourths (74%) of the shelter population and nearly 100% (91%) of persons counted in transitional housing.

Table 1. Jurisdictions with Largest Number of Homeless Persons

Jurisdiction	Total Unsheltered & Sheltered		Unsheltered Count		Sheltered Count			
	#	%	#	%	Emergency Shelter/Vouchers		Transitional Housing	
County	2,321	100	1,247	100	518	100	556	100
San Bernardino	908	39	497	40	180	37	231	42
Victorville	292	12	93	7	145	24	54	10
Upland	158	7	75	6	3	1	80	14
Ontario	136	6	87	7	23	5	26	5
Loma Linda	119	5	7	1	0	0	112	20
Fontana	117	5	98	8	19	4	0	0
Rancho Cucamonga	91	4	76	6	15	3	0	0
<b>Total:</b>	<b>1821</b>	<b>78</b>	<b>933</b>	<b>75</b>	<b>385</b>	<b>74</b>	<b>503</b>	<b>91</b>

Table 2 provides the total number of homeless adults and children counted in all other cities not included in Table 1 and four unincorporated communities (in which homeless persons were counted) which constitute 500 or 22% of the total homeless population. Of the 500 adults and children, 314 or 63% were unsheltered, 133 (27%) were living in emergency shelters or had received a motel voucher, and 53 (10%) were living in transitional housing.

Table 2. Number of Homeless Persons in Other Jurisdictions

Jurisdiction	Total Count for Unsheltered & Sheltered		Unsheltered Count		Sheltered Count			
	#	%	#	%	Emergency Shelter/Vouchers		Transitional Housing	
County	2,321	100	1,247	100	518	100	556	100
29 Palms	5	0.2	5	0.4	0	0	0	0
Adelanto	9	0.4	0	0	0	0	9	2
Apple Valley	1	0	1	0	0	0	0	0
Barstow	61	3	19	1.5	31	6	11	2
Big Bear	8	0.3	0	0	8	2	0	0
Bloomington*	14	1	14	1	0	0	0	0
Chino	27	1	27	2	0	0	0	0
Chino Hills	0	0	0	0	0	0	0	0
Colton	73	3	58	5	15	3	0	0

Jurisdiction	Total Count for Unsheltered & Sheltered		Unsheltered Count		Sheltered Count			
	#	%	#	%	Emergency Shelter/Vouchers		Transitional Housing	
					#	%	#	%
Grand Terrace	0	0	0	0	0	0	0	0
Hesperia	50	2	9	1	28	6	13	2
Highland	25	1	25	2	0	0	0	0
Joshua Tree*	70	3	26	2	25	5	19	3
Lenwood*	10	0.4	10	1	0	0	0	0
Lytle Creek*	3	0.1	3	0.2	0	0	0	0
Montclair	15	1	15	1	0	0	0	0
Needles	5	0.2	5	0.4	0	0	0	0
Redlands	62	3	47	4	14	2	1	0
Rialto	26	1	14	1	12	2	0	0
Yucaipa	12	0.5	12	1	0	0	0	0
Yucca Valley	24	1	24	2	0	0	0	0
<b>Total:</b>	<b>500</b>	<b>21</b>	<b>314</b>	<b>25</b>	<b>133</b>	<b>26</b>	<b>53</b>	<b>9</b>

\*represent unincorporated communities.

Table 3 provides a breakdown of the unsheltered homeless population by various subpopulations for all jurisdictions. These subpopulations include those required by HUD as part of a homeless count. The county breakdown is based on 1,182 unsheltered adults who were counted on the day of the count. For example, of the 1,182 unsheltered adults who were counted, 439 were chronically homeless persons which represented 37% of the unsheltered persons (see Appendix B for a brief summary of all subpopulations noted in the homeless count and subpopulation instrument). The breakdown for each of the cities in Table 3 is based on the number of people in each subpopulation found in that city. For example, of the 439 chronically homeless individuals counted throughout the County on the day of the count, two (2) of them were counted in 29 Palms, 0 in Adelanto, one (1) in Apple Valley, nine (9) in Barstow, etc. The two (2) persons counted in 29 Palms represent less than 1% of the 439 persons and the nine (9) persons counted in Barstow represent 2% of the chronically homeless 439 persons.

Nearly one out of four adults counted were released from prison or jail during the past 12 months after serving a court-mandated sentence as noted in Table 3 below.

Table 3. Unsheltered Homeless Subpopulations by All Jurisdictions

	*Chronic Homeless Persons		Mentally Ill		Persons w/HIV/AIDS		Substance Abusers		U.S. Veterans		Victims of Domestic Violence		**Youth Under 18		Youth 18 thru 24		Released from Prison or Jail***	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
County	439	37	258	22	15	1	281	24	135	11	205	17	17	1	79	7	255	22
29 Palms	2	1	4	2	0	0	0	0	0	0	2	1	0	0	0	0	0	0
Adelanto	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Apple Valley	1	0	0	0	0	0	1	0.3	0	0	1	0.5	0	0	0	0	0	0
Barstow	9	2	3	1	1	6.7	3	1	2	1.5	4	2	0	0	0	0	5	2
Big Bear	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bloomington	3	1	3	1	0	0	3	1	2	1.5	2	1	0	0	1	1	3	1
Chino	5	1	1	0	0	0	2	1	1	1	2	1	0	0	2	2.5	1	0
Chino Hills	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colton	21	5	7	3	3	20	10	4	3	2	9	4	0	0	1	1	10	4
Fontana	32	7	19	7	2	13	11	4	12	9	26	13	1	6	11	14	20	8
Grand Terrace	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hesperia	3	1	0	0	0	0	4	1	2	1.5	2	1	0	0	0	0	2	1
Highland	8	2	4	2	1	6.7	4	1	4	3	3	1	0	0	0	0	5	2
Joshua Tree	5	1	6	2	0	0	4	1	3	2	6	3	0	0	2	2.5	4	2
Lenwood	2	0	6	2	0	0	2	1	0	0	2	1	0	0	0	0	2	1
Loma Linda	1	0	0	0	0	0	0	0	0	0	1	0.5	0	0	0	0	1	0
Lytile Creek	3	1	1	0	0	0	1	0.3	1	1	1	0.5	0	0	0	0	1	0
Montclair	6	1	6	2	1	6.7	8	3	3	2	1	0.5	0	0	0	0	3	1
Needles	1	0	0	0	0	0	1	0.3	0	0	0	0	0	0	3	4	0	0
Ontario	44	10	14	5	0	0	20	7	10	7	12	6	0	0	3	4	18	7
Rancho Cucamonga	19	4	7	3	0	0	13	5	4	3	4	2	1	6	14	18	11	4
Redlands	9	2	13	5	0	0	17	6	3	2	11	5	8	47	5	6	10	4
Rialto	8	2	4	2	0	0	6	2	1	1	1	0.5	1	6	0	0	3	1
San Bernardino	195	45	118	46	6	40	129	46	62	46	72	35	5	29	21	27	114	45
Upland	20	4	17	6.5	0	0	7	2	12	9	16	8	0	0	5	6	9	4
Victorville	30	7	17	6.5	0	0	24	9	9	7	20	10	1	6	4	5	29	11
Yucaipa	3	1	3	1	0	0	0	0	1	1	0	0	0	0	0	0	0	0
Yucca Valley	9	2	9	3	1	6.7	11	4	0	0	7	3	0	0	7	9	4	2

\*HUD also requires a breakdown of chronically homeless families of which there were six counted.

\*\*Youth under 18 includes only those unaccompanied by an adult(s).

\*\*\* Persons released from jails or prison during the past 12 months after serving a court-mandated sentence.

### A. Next Steps: Implementing Recommendations to End Homelessness

This section outlines next steps that the County and each city should take to end homelessness within its jurisdictions. These steps are aligned with the County of San Bernardino 10-Year Strategy to End Homelessness and are also aligned with several evidence-based and best practices that have helped achieve unprecedented decreases in the total number of homeless persons, particularly among families, chronic homeless persons, and veterans, across the country since 2005.

Next steps include the following six recommendations:

- **Recommendation 1:** Adopt baseline numbers and establish annual “reduction” benchmarks for each jurisdiction

The first step should include adopting the total number of homeless persons and the total number of homeless persons within each subpopulation category as noted in Tables 1 through 3. These numbers should serve as baseline numbers for the County as a whole and for each of the 24 cities and the four unincorporated areas in which homeless persons were found. Benchmarks should be established that serve as annual incremental percentages that function as markers by which progress towards ending homelessness can be measured.

For example, as noted in the table below, the 2013 baseline number for the unsheltered population for City A is 100. The annual incremental “reduction” percentage for 2014 is 30%. If the 30% reduction is achieved, there will be 70 total unsheltered persons by the end of 2014 which will also serve as the new baseline number for 2014.

The annual incremental “reduction” percentage for 2015 is 50%. If the 50% reduction is achieved, there will be 35 total unsheltered persons by the end of 2015 which will also serve as the new baseline number for 2015. The annual incremental “reduction” percentage for 2016 is 100% which means that the remaining 35 persons are no longer homeless.

In summary, all 100 unsheltered persons will no longer be homeless in three years if the benchmarks of ending homelessness for 30 to 35 persons each year between 2014 and 2016 are achieved. By adopting and implementing the evidence-based and/or best practices described below, City A will likely end homelessness for the 100 persons counted within its boundaries on January 24, 2013 and prevent others from becoming homeless and taking their place.

Table 4: Example of Baseline and Benchmark Results for Total Unsheltered Persons

City A	2013		2014		2015		2016		2017		2018	
	Baseline Number		Benchmark		Benchmark		Benchmark		Benchmark		Benchmark	
			%	#	%	#	%	#	%	#	%	#
Total Unsheltered Persons	100		30	70	50	35	100	0	0	0	0	0

Table 5 lists the baseline numbers for various subpopulations of unsheltered homeless persons for City A. Annual incremental “reduction” percentages that serve as benchmarks are also provided. If these benchmarks are achieved, there will be no homeless persons within three years for each subpopulation category.

It is important to note that each subpopulation category is not mutually exclusive. A chronic homeless person can also be a substance abuser, a veteran, and a person recently released from jail. Thus, ending homelessness for this person will reduce the number of homeless persons in four of the subpopulation categories below.

It is also important to note that several of the subpopulations consist of a small number of persons and that homelessness for these persons can end in two years. For example, there are 10 homeless veterans noted below. Half or five of these veterans can exit homelessness during the first year and the other half during the following year. The evidence-based and best practices below can help City A achieve “no more homeless veterans” and prevent other veterans from becoming homeless.

Ending homelessness for larger number of persons within the subpopulation categories below can be achieved in three years. For example, as noted in the table below, the number of chronic homeless persons in 2013 can be reduced by half (from 40 persons to 20) during 2014, by half (20 persons to 10) during 2015, and by 100% (from 10 persons to 0 persons) during 2016. Again, it is worth nothing that each subpopulation category is not mutually exclusive and that ending homelessness for one person will reduce the number of homeless persons in one or more subpopulation categories.

Table 5: Baseline and Benchmarks for Subpopulations

City A	2013	2014		2015		2016		2017		2018	
	Baseline Number	Benchmark		Benchmark		Benchmark		Benchmark		Benchmark	
		%	#	%	#	%	#	%	#	%	#
<b>Subpopulations:</b>											
Chronic Hmls Individuals	40	50	20	50	10	100	0	0	0	0	0
Mentally Ill	25	50	12	50	6	100	0	0	0	0	0
Persons w/HIV/AIDS	1	100	0	0	0	0	0	0	0	0	0
Substance Abusers	25	50	12	50	6	100	0	0	0	0	0
Veterans	10	50	5	100	0	0	0	0	0	0	0
Victims of Domestic Violence	20	50	10	100	0	0	0	0	0	0	0
Youth 18 – 24	10	50	5	100	0	0	0	0	0	0	0
Youth Under Age 18	1	100	0	0	0	0	0	0	0	0	0
Persons Released from Jail*	25	50	12	50	6	100	0	0	0	0	0

\*% connotes reduction.

\*\* Persons released from jails or prison during the past 12 months after serving a court-mandated sentence.

## Recommendations 2 - 6

In order to achieve the annual benchmarks each jurisdiction should share in the implementation of a county-wide Rapid Re-housing Engagement Team (ET) and Housing First Engagement Team (ET) as described in the recommendations below. Sharing in the implementation by public and private organizations may include: 1) revenue in the form of grants, gifts, and donations; 2) in-kind services such as employment training, health care, mental health care, and substance abuse treatment; or 3) in-kind donations such as meeting space, office space, or service space.

In order to achieve the annual benchmarks, each jurisdiction should develop a zero tolerance policy for children and their families living on the streets or in vehicles. A zero tolerance policy for all subpopulations of homeless persons should also be adopted and implemented in the near future.

- **Recommendation 2:** Implement a Rapid Re-housing Approach by creating a Rapid Re-housing Engagement Team (ET).

Rapid Re-housing has been recognized as an evidence-based and best practice by national researchers and policymakers based on years of research and implementation. The implementation of Rapid Re-housing has helped jurisdictions across the country significantly reduce their homeless population. Rapid re-housing helps families and individuals who are not chronically homeless obtain permanent housing immediately and to stabilize themselves as soon as possible. Such households have not been living on the streets for years with physical disabling conditions such as serious mental illness, substance abuse disorders, and/or chronic physical illness. They have lived independently in permanent housing in the past and are in need of temporary assistance for several months instead of years. During this time they are able to become increasingly self-sufficient through public assistance and/or employment. They may need long-term non-monetary assistance to prevent the loss of their housing such as free or low cost clothing, food, health care, household supplies, and transportation.

Creating a Rapid Re-housing Engagement Team involves establishing a new team of full-time dedicated outreach and engagement workers that would be augmented by existing workers whose duties also include outreach and engagement.

- **Recommendation 3:** Develop a zero tolerance policy for children living on the streets, in vehicles, and other places not meant for human habitation.

A Rapid Re-housing Engagement Team (ET), with the support of various public and private partners, will put into action a zero tolerance policy for children living on the streets or a place not meant for human habitation such as vehicles by implementing the Rapid Re-housing Approach described in Recommendation 2. As noted on page 1, there were 65 children who were found living on the streets on the day of the homeless count. These children were members of 36 homeless families of which 20 or 55% were living on the streets or in vehicles in the City of San Bernardino. Sixteen other families were living on the streets or in vehicles of other cities—six (three each) in the cities of Rancho Cucamonga and Upland; two in Ontario; and one each in eight other cities—Barstow, Colton, Fontana, Joshua Tree, Loma Linda, Redlands, Victorville, and Yucaipa. A Housing First Approach, as outlined in Recommendation 6 below, will be put into action for chronic homeless families. There were six chronic homeless families counted.<sup>1</sup>

- **Recommendation 4:** Implement a Housing First Approach by Creating a Housing First Engagement Team (ET)

Housing First has also been recognized as an evidence-based and best practice by national researchers and policymakers based on years of research and implementation. The implementation of a Housing First Approach has helped jurisdictions across the country significantly reduce their homeless population. Implementation involves moving homeless persons from the streets and directly into housing and providing wrap-around services to ensure housing stability. This approach should be linked to the provision of permanent supportive housing which provides subsidized housing and appropriate supportive services. This is in contrast to a “housing readiness model” which emphasizes that a homeless individual or family must address other issues such as substance abuse and mental illness through case management prior to entering affordable permanent housing. Housing can be provided through a project-based or scattered site model.

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<sup>1</sup> Chronically Homeless is defined as an individual who 1) is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; 2) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; 3) can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), posttraumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability; 4) has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or 5) a family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Creating a Housing First Engagement Team involves establishing a new team of full-time dedicated outreach and engagement workers that would be augmented by existing workers whose duties also include housing first activities.

- **Recommendation 5:** Reduce Chronic Homelessness annually by Creating a Housing First Engagement Team (ET)

A Housing First Engagement Team (ET) will put into action, with the support of various public and private partners, the Housing First Approach described above in order to help jurisdictions meet their annual benchmarks concerning the reduction of chronic homeless individuals and families. As noted in Table 3, there were 439 chronic homeless persons counted.

ET will work with local community stakeholders to identify chronic homeless persons in need of the housing first approach. Special attention will be given to the most visible and hardest-to-reach individuals. Engagement with chronically homeless persons will occur once appropriate housing resources have been identified such as shelter plus care certificates for persons with physical and/or mental disabilities, HUD Veterans Affairs Supportive Housing (VASH) Vouchers for veterans, and permanent supportive housing units. This approach moves beyond traditional street “outreach” that focuses on going out onto the streets to find homeless persons in order to establish and build relationships with them in order to refer and/or transport them to social services.

- **Recommendation 6:** Increase the Number of Permanent Supportive Housing Units.

Each jurisdiction should consider increasing its number of permanent supportive housing units in order to meet the needs of those homeless persons with disabling conditions who were counted within their neighborhoods. These persons are noted by jurisdiction in Table 3 and include persons with mental illness, substance abuse, and physical disabilities. Jurisdictions with significant numbers of chronic homeless persons, veterans, and persons recently released from correctional institutions after serving a court-mandated sentence should also consider increasing their number of permanent supportive housing units. Increases in units should be based on evidence-based practices to ensure success.

Permanent Supportive Housing provides long-term affordable rental housing and a broad range of on-site and/or off-site wrap-around supportive services. The goal is to increase independent living skills of residents who pay no more than 30% of their monthly income for rent so that they are able to maintain their housing. Those persons without permanent disabling conditions may ultimately become self-sufficient while living in affordable housing and may eventually pay 100% of their rent and may or may not need supportive services.

Particular attention should be given to persons recently released from correctional institutions since realignment has resulted in thousands of prisoners being released or transferred to county jails. As noted in Table 3, 22% of male and female adults counted answered “yes” when

asked if they were released from a correctional institution such as a jail or prison during the past 12 months after serving a court-ordered sentence. When looking at the numbers by gender, one out of four men (25%) answered “yes” to being released from a correctional institution such as a jail or prison during the past 12 months after serving a court-ordered sentence.

Permanent supportive housing for ex-offenders should be based on evidence-based practices for homeless ex-offenders reentering communities that have resulted in better outcomes. These practices include the provision of housing with appropriate wrap-around services such as substance abuse counseling and treatment and life coping skills that help ex-offenders successfully transition into local communities. These practices also include a clear path to career development and/or employment and reunification with family members including children.

Better outcomes include reductions in recidivism and recurrence of homelessness. The chances of recidivism significantly lessen when offenders are reengaged with family members and in particular with their children. The chances of recidivism also significantly lessen when offenders develop marketable skills that lead to on-going employment. Employment also encourages offenders to take the initial steps to reunite with family members. The chances of offenders becoming homeless again also significantly lessen with on-going employment and efforts to foster relationships with family members after reunification.

- **Other Recommendations**

The recommendations described above are included in the San Bernardino County 10 Year Plan to End Homelessness. The other recommendations in the plan should also be considered by each jurisdiction to help reach its benchmarks.

The recommendation concerning homeless prevention, however, should be adopted by all jurisdictions since San Bernardino County has a sizable number of households that are at-risk of becoming homeless. Approximately 100,000 households were living below poverty level as reported in the 2011 American Community Survey by the U.S. Census Bureau. Despite the fact that many households live below poverty level, no more than 10% of them become homeless over the course of a year according to recent national research.<sup>2</sup> However, this means that up 10,000 households living below poverty level may experience homelessness every year.

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<sup>2</sup> “Strategies for Preventing Homelessness,” U.S. Department of Housing and Urban Development/Office of Policy Development and Research, May, 2005: p. xii.

The local 10-Year Strategy recommends that the short-term assistance delivery model as outlined by HUD through the Homeless Prevention and Rapid Re-housing Program (HPRP) be implemented by homeless service providers. This delivery model as outlined by HUD “targeted households with the highest likelihood of becoming homeless, and programs should provide just enough assistance to prevent or end an episode of homelessness - stretching resources as far as possible.” Financial resources for this model should be for rental and utility assistance to households that are most likely to become homeless if not for this assistance. In other words, efforts should be made to ensure that these resources are provided to households that are facing eviction and would become homeless without this help.

## **II. Background Information**

HUD, as part of its requirements for local jurisdictions to continue to receive continuum of care funding for homeless persons, asks local jurisdictional applicants to conduct a “one day point-in-time” homeless count every other year during the last 10 days of January. The County of San Bernardino is one of more than 400 jurisdictions that submit an annual application to HUD for continuum of care funding. For the last three (3) years, several agencies in the County have received more than \$21 million dollars as applicants.

### **When was the count conducted?**

The homeless count was conducted on the streets during the hours of 6 a.m. and 10 a.m. on January 24, 2013. The count was also conducted on the same day in shelters and transitional housing programs throughout the county.

### **Who was counted?**

Per HUD’s instructions, a person was considered homeless, and thus counted, only when he/she fell within the HUD-based definition by residing in one of the places described below:

- In places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings;
- In an emergency shelter; and
- In transitional housing for homeless persons.

### **Who was not counted?**

Per HUD’s instructions, a person was not considered homeless if the person resided in one of the following places noted below

- Medical facilities, such as hospitals, psychiatric facilities, and nursing homes;
- Jails, prisons or juvenile detention facilities;
- Chemical dependency facilities, such as substance abuse treatment facilities and detox centers;
- Foster care homes or foster care group homes.

Also, per HUD’s instructions, children identified by McKinney-Vento Homeless Coordinators at schools as homeless should not be counted. Children may be counted during the count if they live in an emergency shelter or transitional housing program, or are unsheltered.

Lastly, HUD does not consider the following persons to be homeless—persons who are “doubled up,” or persons who are “near homelessness”—but considers them to be at risk of becoming homeless. Thus, such persons were not included in the homeless count.

The County of San Bernardino, like many other counties, has a substantial number of households that are at risk of becoming homeless. The Census Bureau noted that 16 percent or nearly 100,000 households consisting of about 320,000 residents in San Bernardino County were living below poverty level as reported in the 2011 American Community Survey. Also, according to the U.S. Census Bureau there were approximately 123,000 households consisting of about 400,000 persons (nearly one of every five residents) in San Bernardino County who were members of a household whose annual income was less than \$25,000 in 2011. There were approximately 65,000 households consisting of nearly 200,000 persons whose annual income was less than \$15,000 a year.

Nearly 100,000 households consisting of about 320,000 residents live below poverty level in the County according to the U.S. Census Bureau and are at risk of homelessness.

Many of these persons can become homeless because of social structural issues such as increases in rent, loss of job, and rising health care costs. In addition, personal experiences such as domestic violence, physical disabilities, mental illness, and substance abuse can cause members of a low income household or an entire household to become homeless. Often, one or more of these experiences factor into a household’s homeless experience.

### **Who carried out the count?**

The homeless count and subpopulation survey was a joint effort between the San Bernardino County Homeless Partnership, the San Bernardino County Office of Homeless Services, and the Institute for Urban Initiatives who recruited over 400 community volunteers to implement the count and subpopulation survey. As noted in the Acknowledgements, there were nearly 30 agencies that contributed staff time and office space for training and deployment of counters and there were 24 law enforcement agencies that provided their time, knowledge, and expertise concerning locations of homeless persons. In addition, there were nearly another 30

agencies that helped with the planning process including the San Bernardino County Information Services Department which created maps to guide counters.

**The San Bernardino County Homeless Partnership (SBCHP)** was formed to provide a more focused approach to issues of homelessness within the County. Its primary purpose is to develop a countywide public and private partnership and to coordinate services and resources to end homelessness in San Bernardino County. The Partnership consists of community and faith-based organizations, educational institutions, non-profit organizations, private industry, and federal, state, and local governments. SBCHP was developed to promote a strong collaboration between agencies to direct the planning, development, and implementation of the County's 10-year Strategy to end chronic homelessness. The Partnership provides leadership in creating a comprehensive countywide network of service delivery to the homeless and near homeless families and individuals through facilitating better communication, planning, coordination, and cooperation among all entities that provide services and/or resources for the relief of homelessness in San Bernardino County.

**The San Bernardino County Office of Homeless Services (OHS)** serves as a "clearing house" of homeless issues for all County departments. Any homeless issue encountered by County staff can be referred to this office for resolution. OHS staff plays a vital role in the San Bernardino County Homeless Partnership as the administrative support unit to the organization. OHS insures that the vision, mission and goals of the Partnership are carried into effect.

**The Institute for Urban Initiatives** consists of several community-based and faith-based institutes that respond to the economic, housing, and social needs of neighborhoods, cities, and counties from local community, regional, national, international, and faith-based perspectives and has completed over 40 assessments for local government and private organizations throughout Southern California that have focused on affordable housing, business development and education for micro-businesses, fair housing, homelessness (including homeless counts and surveys), migrant farming, and street vending. For more information visit [www.urban-initiatives.org](http://www.urban-initiatives.org).

### **III. Methodology**

#### Unsheltered Count and Subpopulation Survey

In order to complete the unsheltered count and subpopulation survey, the following activities were conducted: 1) organizing the count and subpopulation survey; 2) coordinating the count and subpopulation survey; and 3) implementing the count and subpopulation survey.

## **1. Organizing the Count and Subpopulation Survey**

Organizing the count consisted of the following four activities: a) the county was divided into organizational regions; b) the organizational regions were divided into planning communities; c) the planning communities were divided into implementation areas; and d) the implementation areas were divided into count zones.

### **a. County was Divided into Organizational Regions**

The County was divided into the following organizational regions:

- **West Valley** which consisted of the area west of the City of San Bernardino including the cities of Chino, Chino Hills, Colton, Fontana, Montclair, Ontario, Rancho Cucamonga, Rialto, Upland and the surrounding unincorporated areas.
- **East Valley** which consisted of the City of San Bernardino and all areas south and east including the cities of Grand Terrace, Highland, Loma Linda, Redlands, Twenty-nine Palms, Yucaipa, Yucca Valley and the surrounding unincorporated communities along with the San Bernardino Mountain communities.
- **High Desert** which consisted of the area north of the San Bernardino Mountains including the cities of Adelanto, Apple Valley, Barstow, Hesperia, Needles, Victorville and the surrounding unincorporated communities.

### **b. Organizational Regions were Divided into Planning Communities**

Each of the three Organizational Regions was divided into 20 planning communities of incorporated cities and/or unincorporated jurisdictions in order to plan and implement the activities below. The County consists of 24 incorporated cities and over three dozen unincorporated communities. However, not all of these cities and counties were included in the 20 planning communities because they were determined by key persons as not having any homeless persons who live, congregate, or receive services. The table below lists the incorporated cities and unincorporated communities within each of the 20 planning communities.

#	Community Planning Area	Incorporated Cities & Unincorporated Communities
1	Barstow	City of Barstow and the unincorporated communities of Baker, Fort Irwin, Lenwood, Searles Valley, and Yermo.
2	Big Bear Region	City of Big Bear Lake and the unincorporated communities of Big Bear City, Crestline, Lake Arrowhead, and Running Springs.
3	Chino	City of Chino
4	Chino Hills	City of Chino Hills
5	Colton	City of Colton
6	Fontana	City of Fontana and the unincorporated communities of Bloomington and Lytle Creek.
7	Grand Terrace	City of Grand Terrace
8	High Desert	Cities of Adelanto, Apple Valley, Hesperia, Victorville, and the unincorporated communities of Lucerne Valley, Mountain View Acres, Oak Hills, Phelan, Pinon Hills, Silver Lake, Spring Valley Lake, and Wrightwood.
9	Highland	City of Highland
10	Loma Linda	City of Loma Linda
11	Montclair	City of Montclair
12	Morongo Basin	Cities of Twentynine Palms and Yucca Valley and the unincorporated communities of Homestead Valley, Joshua Tree, and Morongo Valley.
13	Needles	City of Needles and the unincorporated communities of Big River and Bluewater.
14	Ontario	City of Ontario
15	Rancho Cucamonga	City of Rancho Cucamonga
16	Redlands	City of Redlands and the unincorporated community of Mentone.
17	Rialto	City of Rialto
18	San Bernardino	City of San Bernardino and the unincorporated community of Muscoy.
19	Upland	City of Upland and the unincorporated community of San Antonio Heights.
20	Yucaipa	City of Yucaipa and the unincorporated community of Oak Glen.

**c. Planning Communities were Divided into Implementation Areas**

Each of the Planning Communities was divided into Implementation Areas which were designated as Red, Yellow, or Green Areas according to the definitions below.

- **Red Areas** were defined as implementation areas where there are no homeless persons as determined by local community representatives and stakeholders;

The Big Bear Region, which consisted of the City of Big Bear Lake and the unincorporated communities of Big Bear City, Crestline, Lake Arrowhead, and Running Springs, was identified by key persons in the region as a Red Area because of the freezing weather and accumulation of snow during January. In addition, most of the small rural communities spread throughout the desert and mountain regions of the vast county were identified by key persons as Red Areas.

- **Yellow Areas** were defined as implementation areas where it is too difficult and/or unsafe for homeless counters to count and survey homeless persons by community representatives and stakeholders where only professional outreach workers might go. Immediately prior to or immediately after the count, local professional representatives involved in the homeless count such as law enforcement or street outreach workers verified if homeless persons lived in these areas and estimated the number of homeless persons who were included in the count;

The only yellow area that was identified was Lytle Creek because of difficult and unsafe circumstances.

- **Green Areas** were defined as implementation areas where homeless persons can be found as determined by local community representatives.

All of the incorporated cities in the county, with the exception of Big Bear Lake, along with significant areas within their surrounding unincorporated territory, were identified by local key person teams as Green Areas.

#### **d. Implementation Areas were Divided into Count Zones**

Implementation Areas that were designated as Green Areas were divided into Count Zones. Teams of Counters were deployed to designated count zones within each of the Green Areas. Teams of Counters were not deployed to Yellow or Red Areas.

## **2. Coordinating the Count and Subpopulation Survey**

Coordinating the count and subpopulation survey included implementing the following activities in each local Planning Community: 1) establishing a key person team; 2) distinguishing areas within the planning community where homeless people live; 3) identifying places where homeless people live within the identified areas; 4) identifying places where homeless people receive social services; 5) raising public awareness and community involvement; and Implementing the Count and Subpopulation Survey.

#### **a. Establishing a Community Key Person Team**

A Community Key Person Team was established for each planning community and consisted of representatives from public and private organizations who were knowledgeable about homelessness and where homeless persons live. Such key persons included representation from business, civic, educational, faith-based, law enforcement, local government, neighborhood, and nonprofit organizations. Homeless and formerly homeless persons were also encouraged to join.

#### **b. Distinguishing Implementation Areas within the Planning Community**

Each Community Key Person Team distinguished implementation areas within their planning community where homeless people could be found. Such areas included a quadrant or section of a city or unincorporated area or an entire neighborhood. Those sections of the planning community where homeless persons could be found were designated as Green Areas. Conversely, those sections where homeless persons are known not to live or spend time were designated Red Areas.

#### **c. Identifying Verifiable Places where Homeless People Live/Congregate**

Each Community Key Person Team also identified specific locations where homeless people live and/or congregate within their designated Green Areas. Such places included abandoned buildings, commercial areas, parks, sidewalks, vacant lots and vehicles. Known encampments were also specifically identified within Green Areas. Other places included a whole neighborhood or a specific length of a street. Such information remains confidential.

#### **d. Identifying Places where Homeless People Receive Social Services**

Each Community Key Person Team also identified non-residential locations where homeless people go to receive social services and other forms of assistance. Such programs included locations that distributed packaged food and/or clothing, serve meals, and provide shower or laundry services including those operated by faith-based organizations. Other program sites included those that were known to provide domestic violence, health care, mental health care, substance abuse, transportation, and veteran services for homeless persons.

#### **e. Raising Public Awareness and Community Involvement**

The primary purpose of raising public awareness and community involvement was to recruit volunteers to help implement the count in each planning community. Volunteers were recruited both locally and countywide from a wide-range of sources including city and county employees, homeless service providers, other social service agencies, non-profit organizations, faith-based institutions, local businesses, civic organizations, educational institutions, currently and formerly homeless individuals and other interested community stakeholders.

Flyers and other materials were developed for distribution at community meetings and forums, media outlets and various public facilities, service locations, churches, college campuses and other public locations. A project website was established with general project information and volunteer outreach materials. Volunteer registration was also promoted through the web site during the months leading up to the day of the count (<http://www.sanbernardinocountyhomelesscounts.com>).

Community involvement included creating teams of volunteers to count homeless persons in designated Green zones. Teams included persons who were involved in community service or interested in community service. Teams also included persons who had considerable exposure as well as little exposure to homelessness.

### 3. Implementing the Count and Subpopulation Survey

A homeless count and subpopulation survey instrument was used to gather data by counters. The instrument focused on gathering answers that were used to create an identifier and to determine the number of persons for each subpopulation required by HUD. All information gathered through this instrument remains confidential. See Appendix A for a copy of the instrument.

During the count, volunteers were required to collect the following information concerning every homeless person counted: first initial of first name, first initial of last name, gender, ethnicity<sup>3</sup>, age by code<sup>4</sup>, and state born. The information for each encounter was inputted into a data base. The information was used to create an identifier for each person. For example, a homeless person may have the following code of "WTMW6CA." This means that this person's first name began with "W", last name began with "T", he was male "M", he was White "5", in the age range of 50-61, and born in California.

First Initial	Last Initial	Gender	Ethnicity	Age Code	State Born
W	T	M	5	6	CA

If the same identifier appeared more than once, it was assumed that this was the same person and the person would only be counted once. An example to illustrate how this process worked is noted in the table below. Numbers 6 and 7 (shaded in gray) would be considered the same

<sup>3</sup> The code for ethnicity was 1=African American or Black; 2=American Indian or Alaskan Native; 3=Asian or Pacific Islander; 4=Hispanic or Latino; 5=White; and 6=Other.

<sup>4</sup> The code for age included: 1=under age 18; 2=18-24; 3=25-29; 4=30-39; 5=40-49; 6=50-61; 7=62-69; 8=70-79; and 9=80+.

person. If for some reason there was doubt that numbers 6 and 7 were the same person, other data collected on the same two people would be used to address the doubt.

Number of Person	First Initial	Last Initial	Gender	Ethnicity	Age Code	State Born
1	J	H	F	5	6	CA
2	H	T	M	4	7	CA
3	R	K	F	4	5	TX
4	K	N	M	1	4	CA
5	F	A	M	3	3	CA
6	J	F	M	5	5	CA
7	J	F	M	5	5	CA
8	S	G	F	4	2	NY
9	D	T	M	5	6	CA
10	O	R	M	5	7	CA

The obtained data also provided the opportunity to break down the number of homeless persons counted by gender, ethnicity, age range, and state born. Thus, the questions served two purposes—basic demographic information and the prevention of duplication.

The instrument also focused on gathering answers to determine the number of persons for each of the eight subpopulations required by HUD which include:

- Chronically Homeless Individuals;
- Chronically Homeless Families;
- Persons with HIV/AIDS;
- Persons with Chronic Substance Abuse;
- Persons with Severe Mental Illness;
- Unaccompanied Youth under Age 18;
- Veterans; and
- Victims of Domestic Violence.

Other subpopulation data was also collected for

- Persons released from a Correctional Institution during past 12 months after serving a court-ordered sentence;
- Persons with a Physical Disability;
- Persons with a Developmental Disability;
- Persons with Chronic Health Conditions;
- Seniors age 62+;

- Youth Ages 18 to 24.

### Sheltered Count and Subpopulation Survey

As required by HUD, the sheltered count included the number of persons and households sleeping in emergency shelters (including seasonal shelters), transitional housing, and Safe Haven programs (of which the County has none) that were listed on the Housing Inventory Chart (HIC). In addition, any persons staying in hotels or motels as a result of receiving a voucher from a social service agency were included in the sheltered count per HUD's instructions if the voucher program was listed on the HIC.

The HIC was submitted by the Office of Homeless Services (OHS) staff to HUD in April 2012. Prior to the homeless count, the HIC was specifically left undated to include any new programs or exclude any programs no longer operational by OHS staff and Key Person Task Force members. A few changes were made to the HIC prior to the count.

HUD encourages the use of Homeless Management Information Services (HMIS) data to generate sheltered counts and subpopulation data for programs with 100% of beds participating in HMIS. Thus, HMIS was used to gather the total number of occupied beds and the number of persons for each subpopulation. A "Data Collection Instrument" was used to collect the total number of occupied beds and the number of persons for each subpopulation for non-participating HMIS programs and for HMIS participating agencies that do not have their HMIS data complete and correct. The same questions used to collect subpopulation data through HMIS were used for the data collection instrument. Thus, sheltered count data for all sheltered programs was gathered either through a data collection sheet or HMIS.

## **IV. One More Crucial Step – Oversight**

The San Bernardino County Interagency Council on Homelessness should monitor the activities on an on-going basis. Monitoring should involve:

1. Ensuring that each jurisdiction receives its baseline numbers which includes the total number of persons counted within their boundaries and a breakdown by subpopulations;
2. Making sure that each jurisdiction establishes annual incremental "reduction" benchmarks that will serve as markers by which progress towards ending homelessness can be measured over the next five years;

3. Making certain that the recommendations in this report are adopted and implemented by the County and cities which include
  - Adopting and implementing a zero tolerance policy for the following persons living on the streets or in vehicles—children and their families; unaccompanied children under age 18; and seniors age 62+;
  - Creating a Rapid Re-housing and Housing First Engagement Team(s) to ensure that jurisdictions can meet their annual benchmarks and implement zero tolerance policies.
  
4. Evaluating the progress concerning benchmarks and Rapid Re-housing and Housing First Engagement Team(s) in order to inform future decision-making for ending homelessness.



## Appendix B: Subpopulation Data for Unsheltered Population

As noted in this report, there were 1,182 unsheltered adults and 65 children for a total of 1,247 persons counted within the County. The following is a brief summary of the data collected from the adults concerning subpopulations.

### 1. Gender

- 70% of adults (827) were men and 23% (272) were women (responses were not recorded for 7% of adults);

### 2. # of Children

- 5% or 65 of the 1,247 persons counted were children accompanied by an adult(s);

### 3. # of Families

- 36 families were counted of which 20 were counted within the City of San Bernardino;

### 4. Ethnicity

- 41% of adults (485) were White; 20% (236) were Hispanic or Latino; 16% (189) were African American or Black; 2% (24) were American Indian/Alaskan Native; 1% (12) were Asian/Pacific Islander; and 2% (24) stated Other (responses were not recorded for 18% of adults);

### 5. Age

- 1% or 12 of the persons counted were children under the age of 18 who were not accompanied by an adult(s); 7% or 83 of the adults were youth between the ages of 18 and 24; and 6% or 71 of the adults were age 62 or older;

### 6. State Born

- 49% of adults (579) were born in the State of California;

7. Chronic Homeless Individuals

- 21% of single adults (242) were chronically homeless<sup>5</sup>;

8. Chronic Homeless Families

- There were two (2) chronic homeless families;

9. Mentally Ill

- 21% of adults (248) had a mental health problem;

10. Persons Homeless 1 Year or More

- 46% of adults (544) had been living in an emergency shelter and/or on the streets or in abandoned buildings for the past year or more;

11. Persons Homeless 4 Times or More in 3 Years

- 34% of adults (402) had stayed in an emergency shelter and/or on the streets at least 4 times during the past 3 years;

12. Persons Released from Correctional Institutions

- 21% of adults (248) were released during the past 12 months from a correctional institution such as a prison or jail after serving a court-order sentence—25% of men and 18% of women;

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<sup>5</sup> According to HUD, the term `chronically homeless' means, with respect to an individual or family, that the individual or family—(i) is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter; (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years; and (iii) has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions.

13. Persons with Chronic Health Conditions

- 29% of adults (343) had a chronic health condition such as diabetes, heart trouble, high blood pressure, seizures, hepatitis, respiratory problems, epilepsy, tuberculosis, or arthritis;

14. Persons with HIV/AIDS

- 1% of adults (12) had been diagnosed with AIDS or have been tested positive for HIV;

15. Persons with Developmental Disabilities

- 12% of adults (142) had a developmental disability;

16. Persons with Physical Disabilities

- 26% of adults (307) had a physical disability;

17. Substance Abusers

- 24% of adults (284) had a drug and/or alcohol problem;

18. Veterans

- 11% of adults served on active duty in the U.S. Armed Forces or Called into Active Duty as a Member of the National Guard or as a Reservist—15% of men and 2% of women;

19. Victims of Domestic Violence

- 17% of adults (201) had been a victim of domestic or intimate partner violence—37% of women and 12% of men.