

10-Year Strategy to End Homelessness in San Bernardino County



June 2009



Vision

Purpose

The purpose of the San Bernardino County Homeless Partnership is to end chronic homelessness and reduce the instance of episodic homelessness in the County of San Bernardino. This will be accomplished through collaborative partnerships with federal, state, and local governments, social service agencies and community and faith-based organizations.

Vision

The San Bernardino County Homeless Partnership believes that everyone deserves a home. To this end, the 10-Year Strategy to End Homelessness was developed as a blueprint for ending homelessness county-wide.

Guiding Principal

Solving the community wide challenges associated with ending homelessness requires visionary leadership from County and city elected officials with a commitment to the strategy and recommendations in the 10-Year Strategy to End Homelessness.

Thank you

to the many people and organizations who have participated in preparing this plan and who have committed their leadership expertise and guidance to the success of this plan's development.

San Bernardino County Office of Homeless Services (OHS)

website: <http://www.sbcounty.gov/ohs/>

10-Year Strategy to End Homelessness

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A. Executive Summary

San Bernardino County 5th District Supervisor, Josie Gonzales stepped forward to lead the effort in developing a 10-Year Strategy to End Chronic Homelessness, bringing together other members of the Board of Supervisors, county government, city mayors, and a host of other community partners to support the mission. This plan is a call to action by the County of San Bernardino's Homeless Partnership 10-Year Planning Committee. Beginning in March 2008, the San Bernardino County Homeless Partnership 10-Year Planning Committee met to develop a strategy to end homelessness in San Bernardino County. The intent was to achieve consensus on how to end homelessness in San Bernardino County. The report that follows exemplifies the spirit of cooperation and the honest exchange of ideas to arrive at policy recommendations that the Homeless Partnership 10-Year Planning Committee believes should be adopted to begin the process of ending homelessness.

The 2007 San Bernardino County Homeless Census identified 7,331 persons either living on the streets or in facilities that serve homeless persons. This count represents a significant increase (39%) of homeless persons since the 2003 Homeless Census.

Although the problem of homelessness is multi-faceted, the inability of extremely low-income households to afford housing is an overriding concern. The United States Department of Housing and Urban Development (HUD) defines housing affordability as a household spending no more than 30% of its monthly income on rent and utilities. Accordingly, households with annual incomes of \$25,000 should be spending no more than \$625 a month for housing expenses, but units leasing at this rate cannot be found in San Bernardino County where the proposed Fair Market Rents for even an efficiency unit has been set by HUD at \$867 per month.

There is a growing sense of awareness that there are substantial public and private "hidden" costs associated with homelessness. A number of recent studies and cost benefit analyses have been completed to calculate the costs of maintaining the status quo versus establishing a new service-delivery model. These studies reveal that "managing" homelessness has kept persons in a state of homelessness over the course of months and years by providing them on-going basic emergency resources such as food, clothing, health care and emergency shelter without adequate resources to obtain and maintain affordable housing.

As a result, as noted in these studies, homeless persons become frequent and lengthy users of hospital emergency services, emergency shelters, emergency assistance centers, and correctional facilities because they lack a permanent housing environment which would better care for their daily needs. Some of the "hidden" and "persistent" costs of homelessness to local jurisdictions are the result of on-going interventions by:

- Emergency health care providers
- Paramedics
- Law enforcement
- Emergency psychiatric responders
- Temporary motel voucher providers
- Emergency shelter providers (particularly winter shelter providers) with little or no case management.

Local stakeholders agree that the frequent use of local public resources by chronic homeless persons is not only costly but is also ineffective in ending homelessness. For example, a homeless person's immediate health care need may be met by a visit to the emergency room, but the homeless experience persists which further compromises that person's health. As several studies note, tens of thousands of dollars (and in some cases hundreds of thousands of dollars) are often spent on each chronic homeless person annually, while at the end of the year most of them, if not all, remain homeless.

Once a household becomes homeless it generally costs thousands of dollars to help it regain housing. The longer a household remains on the streets, the less likely it will retain such resources as clothing, education, employment, food, health care, etc. Households often turn to drop-in centers and/or shelters and this experience tends to have adverse affects on children and parents the longer they use these services.

It is less expensive to provide permanent supportive housing to chronic homeless persons than to continue to provide costly services while they live on the streets year-after-year. Permanent supportive housing allows for the stable and monitored provision of services while helping chronic homeless persons maintain housing. Service provision often results in chronic homeless persons receiving a source(s) of income to pay a portion of the rent. Reliance on costly local public services is reduced because they are better able to take care of their health. Finally, by being stably housed, the likelihood of being arrested for quality-of-life related criminal activities is reduced.

Local stakeholders believe that the overall quality of life for residents of communities including homeless persons can be significantly improved as the negative impacts of individuals living and sleeping on the streets are reduced by discouraging "managing" homelessness through emergency resources and encouraging "ending" homelessness by providing the resources necessary for persons to obtain and maintain affordable housing.

To address the problem of chronic homelessness, and ideally end it, the San Bernardino County Homeless Partnership 10-Year Planning Committee has developed 25 specific recommendations. These recommendations are organized under the following headings:

- Homeless Prevention
- Community Integration Strategies
- Outreach and Engagement System for Chronically Homeless Persons
- Centralized Assessment and Regional Referral and Service Delivery System
- Income and Support Services
- Shorten Homelessness
- Permanent Housing
- Homeless Management Information System (HMIS)
- Measuring Performance

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Resources to implement the recommendations included in this report are inadequate to the task at hand, but a number of federal, state and local funds have been identified and, if managed strategically, can begin to fund programs and establish housing resources that over time will show an impact. Coordination and cooperation among the various County and municipal levels of government is needed to meet the challenges of ending chronic homelessness.

The San Bernardino County Office of Homeless Services (OHS) initiated a planning process in March 2008 to develop a strategy to end homelessness in San Bernardino County. Utilizing the committee structure of the San Bernardino County Homeless Partnership 10-Year Planning Committee, OHS convened a number of meetings staffed by members of the OHS team. The intent was to achieve consensus on the Planning Strategy for ending homelessness. The report that follows exemplifies a spirit of cooperation and the honest exchange of ideas to arrive at policy recommendations that the committee believes should be adopted.

OHS initially understood its mandate as planning to end chronic homelessness, but as it delved into the topic a consensus emerged that the plan should focus on both chronic and non-chronic homeless populations. As the housing crisis deepened and news of foreclosures and families being pushed into homelessness increased, OHS felt that to limit its work to only the chronic population could create new gaps in the already challenged Continuum of Care. Accordingly, this report includes recommendations to end homelessness within the chronic, episodic, and at-risk populations.



B. Introduction: The Persistent Problem of Homelessness

The problem of homelessness has persisted across the United States for decades and what is true nationally, is equally true in San Bernardino County. Over the past two decades resources to address the problem of homelessness have been made available by the United States Department of Housing and Urban Development (HUD) and other Federal and State agencies. HUD has encouraged communities to develop a “Continuum of Care” to assist a broad range of homeless populations. By a Continuum of Care, HUD has in mind the establishment of diverse programs, services, and housing options that are well integrated and capable of responding flexibly to address the needs of homeless individuals and families, and reduce the incidence of homelessness in Continuum of Care communities by assisting homeless individuals and families to move to self-sufficiency and permanent housing.

A complete Continuum of Care consists of emergency shelters, transitional housing, and permanent (supportive) housing, plus supportive social services being in place to assist homeless persons navigate through the system and remain stably housed. Among the critical services that a community needs to have in place are the following:

- Outreach
- Case management
- Mental health services
- Medical services
- Recovery services

Many communities throughout San Bernardino County have gone much further and have a broader array of services that includes: legal services, transportation, child care, education, job search and training assistance and dental care. The most comprehensive continua have also put into place homeless prevention services, recognizing that the costs of avoiding homelessness in the first place are far less than rehabilitating a person after a long period of living on the streets. The 10-Year Planning Committee conducted its work with a common understanding that there are large gaps in the Continuum of Care in San Bernardino County and efforts should be undertaken to improve its overall functioning.

Thus, despite the fact that substantial federal assistance has helped large numbers of individuals and families, a considerable number of homeless persons have remained homeless, some for long periods of time. Even when a household is assisted and moves into a stable housing situation, it is often replaced by another household made newly homeless. The rising unemployment rate and credit pressures on families in San Bernardino County have pushed many homeowners into homelessness. Fortunately, families tend to have shorter episodes of homelessness when compared to individuals with either a substance abuse or mental health disorder. The needs in San Bernardino County far surpass the available resources that San Bernardino County and not-for-profit providers administer.

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In 2001, President Bush challenged the 100 largest cities to face up to the problem of chronic homelessness. In 2003, the U.S. Conference of Mayors extended the Bush Administration's challenge and encouraged most jurisdictions to complete 10-Year Strategies to End Homelessness. In June 2003, the Mayors Conference unanimously passed a resolution that "strongly encourages cities to create and implement strategic plans to end homelessness (including chronic homelessness) in 10 years." In March 2005, the National Governors Association extended its support by encouraging state governments to coordinate efforts with federal and local government including 10-year planning efforts in order to end chronic homelessness.

There are approximately 300 cities, counties, and states that have now completed or are completing 10-Year Strategies to End Homelessness. Some of the 300 jurisdictions have already begun implementing plans and are reporting positive results.¹ The recommendations in this report are based upon significant input from committee members who considered proven practices from other jurisdictions.

New Solutions

The United States Interagency Council on Homelessness (USICH) has encouraged the increasing number of jurisdictions that have completed (or are completing) 10-year Strategies to recommend courses of action that end and not manage or maintain homelessness. A typical example of managing and maintaining homelessness involves moving homeless people from food and meal programs to emergency shelters and back to food and meal programs day after day, week after week, month after month, and—for an increasing number of homeless persons—year after year. Managing and maintaining homelessness also involves moving homeless people in and out of motels, winter shelters, and correctional institutions which also perpetuates an ongoing cycle of homelessness.

Planning to end homelessness involves a different approach to homelessness which is delineated in the recommendations provided in this report. This approach involves focusing new and existing tools and resources on three (3) sub-populations of homeless persons. The approach encompasses all homeless and those at risk of becoming homeless within the County. The three (3) sub-populations include:

- Chronic homeless persons
- Episodic homeless persons
- Persons at risk of becoming homeless

¹ "Evidence that Chronic Homelessness is yielding to planful partnerships, strategic solutions, and innovative ideas at USICH Second Annual National Summit on Innovation for Jurisdictional Leaders," U. S. Interagency Council on Homelessness e-newsletter, March 15, 2007.
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- **Chronic Homeless Persons**

HUD defines chronic homeless persons as individuals who are homeless for one (1) year or more, or four (4) times in three (3) years, and have a mental illness or other disability and/or substance abuse problem.² They are often the most visible and the hardest to reach of all homeless persons.

Organizations and individuals throughout San Bernardino County provide emergency assistance to chronically homeless individuals that often result in managing and maintaining the chronic homeless experience. National and local studies have demonstrated that many people remain homeless year after year after hundreds of thousands of dollars are spent on emergency assistance.³

Conversely, fewer resources such as the Assertive Community Treatment (ACT) Program and permanent supportive housing are provided to chronic homeless persons to help end the homeless experience. Thus, ACT, permanent supportive housing, and other effective tools and resources are recommended in this document.

- **Episodic Homeless Persons**

Episodic homeless persons are individuals or families who are homeless for a short period of time – days, weeks, or months – not a year or more. The Institute for Urban Research and Development estimates that 60% of persons who are homeless in San Bernardino County on a given day, are not homeless one year later.

Comparatively speaking, episodic homeless persons are no longer homeless for extended periods of time because of the services provided by local government, non-profit organizations, faith based organizations, community service groups, businesses, and volunteers. Thus, there are several recommendations that underline the need to support existing non-residential and residential homeless services such as case management based shelters and transitional housing programs.

² Chronic homelessness is fully defined by HUD as “A person who is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter.” A disabling condition is defined 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.” A disabling condition limits an individual’s ability to work or perform one or more activities of daily living. An episode of homelessness is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter. A chronically homeless person must be unaccompanied and disabled during each episode.”

³ See “Costs of Serving Homeless Individuals in Nine Cities,” The Lewin Group, November 19, 2004; “The Do-It-Yourself Cost-Study Guide: Assessing Public Costs Before and After”.

- **Persons At Risk of Becoming Homeless**

Persons at risk of becoming homeless have limited income and often have to choose between paying their rent or mortgage and other daily living costs which often put them at risk of becoming homeless.⁴ The Institute for Urban Research and Development estimates that a large majority of households at risk of becoming homeless and who eventually become homeless do not seek and/or receive resources until the day(s) immediately before or after they become homeless. Once a household becomes homeless it generally costs thousands of dollars or more to help these households gain housing once again.

The recommendations in this report concerning homelessness will help households before they become homeless and may cost less in resources to keep them housed. Residents have been asking if homelessness can actually end in their communities. If implemented, the recommendations concerning homeless prevention will end homelessness for a large majority of persons who may become homeless and thus break the cycle of continuous homelessness.

C. Community Planning Process

The San Bernardino County Office of Homeless Services (OHS) initiated a planning process in March 2008 to develop a strategy to end homelessness in San Bernardino County. Utilizing the committee structure of the San Bernardino County Homeless Partnership 10-Year Planning Committee, OHS convened a number of meetings staffed by members of the OHS team. The intent was to achieve consensus on the Planning Strategy for ending homelessness. The report that follows exemplifies a spirit of cooperation and the honest exchange of ideas to arrive at policy recommendations that the committee believes should be adopted. A list of the participants at these meetings is included in Appendix B.

OHS initially understood its mandate as planning to end chronic homelessness, but as it delved into the topic a consensus emerged that the plan should focus on both chronic, episodic, and at-risk homeless populations. As the housing crisis deepened and news of foreclosures and families being pushed into homelessness increased, OHS felt that to limit its work to only the chronic population could create new gaps in the already challenged Continuum of Care. Accordingly, this report includes recommendations to end homelessness within the chronic, episodic, and at-risk populations.

D. Determining the Number of Persons to be Served

- **Persons Living on the Streets or in Facilities**

The 2007 San Bernardino County Homeless Census identified 7,331 persons either living on the streets or in facilities that serve homeless persons.⁵ This count represents a significant increase (39%) of homeless persons since the 2003 Homeless Census.

⁴ "Permanent Supportive Housing: A guide for State and Local Jurisdictions," Martha R. Burt, November, 2004.

⁵ The homeless count was conducted in the early morning hours of February 27th and 28th, 2007.
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Persons who met HUD's definition of homelessness were included in the count. According to HUD a person is considered homeless when residing in one of the following places:⁶

- In places not meant for human habitation, such as:
 - Cars
 - Parks
 - Sidewalks
 - Abandoned buildings
- In an emergency shelter
- In transitional housing.

| Year of Study | # of Homeless persons | % of increase |
|----------------------|------------------------------|----------------------|
| 2003 Homeless Census | 5,270 | - |
| 2007 Homeless Census | 7,331 | 39% |

Of the 7,331 homeless persons counted in 2007, 6,111 were living on the streets and 1,220 were living in emergency shelters, transitional housing, domestic violence facilities, and places in which homeless persons were able to use vouchers.

HUD does not consider persons who are “doubled up” to be homeless. Rather, for HUD this population may be considered “at-risk” and are thereby excluded from the homeless count. It should be noted that the Department of Education uses a different definition of homelessness which includes doubled-up households as being homeless.⁷



⁶ This definition differs from that used by the U.S. Office of Education that includes persons in doubled-up conditions as homeless. To HUD, these households are in an “at risk” situation, but are not literally homeless.

⁷ McKinney-Vento Act Sec. 725(2); 42 USC 11435(2).
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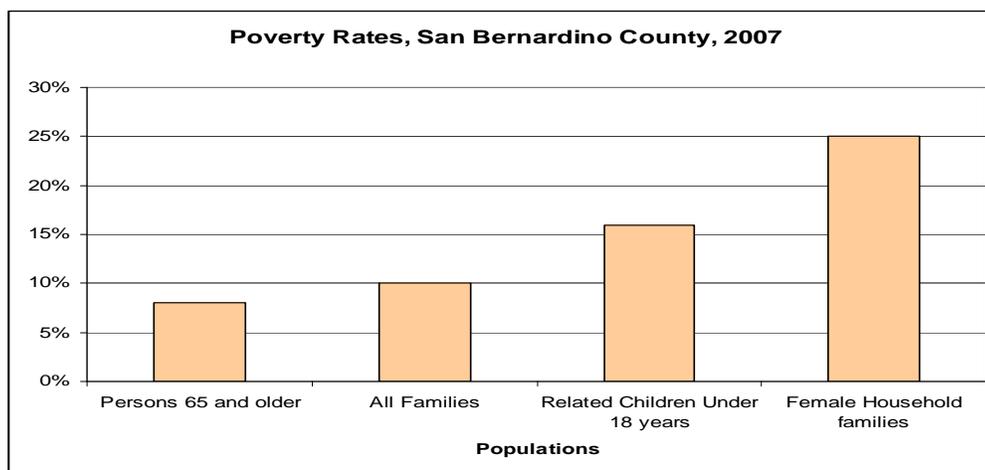
- **Persons At Risk of Becoming Homeless**

According to the U. S. Census Bureau's 2007 American Community Survey⁸, 12% or 240,000 of San Bernardino County's 2,000,000 residents were living below the poverty level.⁹

Table 1: Scope of Problem - Poverty notes that 25% of female household families¹⁰ had incomes below the poverty level. In addition, 16% of related children under age 18, 10% of all families, and 8% of residents 65 years of age and older were living below the poverty level.

Table 1:

Scope of Problem: Poverty



Source: American Community Survey, 2007

Moreover, the 2007 American Community Survey reports that approximately 12% or 71,094 of the 592,449 households living in San Bernardino County had an annual household income of less than \$25,000. Roughly half of these households or 63,822 had an annual household income of less than \$15,000 and nearly 25% (n= 32,958) had annual household incomes of less than \$10,000.

⁸ As noted by the U. S. Census Bureau, the American Community Survey is a nationwide survey designed to provide communities a fresh look at how they are changing. It will replace the decennial long form in future censuses and is a critical element in the Census Bureau's reengineered 2010 census.

⁹ Following the Office of Management and Budget's (OMB's) Directive 14, the U. S. Census Bureau uses a set of money income thresholds that vary by family size and composition to detect who is poor. If the total income for a family or unrelated individual falls below the relevant poverty threshold, then the family or unrelated individual is classified as being "below the poverty level."

¹⁰ Defined by the U. S. Census Bureau as "A female maintaining a household with no husband of the householder present."

E. The Hidden Costs of Homelessness and Cost Benefit Analysis

Homelessness is a persistent problem that impacts cities and communities, including San Bernardino County. In order to overcome this problem, a new approach is needed—one that seeks to end homelessness and not just manage the problem. The strategy outlined in this report proposes a series of action steps (Section F) that when implemented will begin to end homelessness throughout San Bernardino County. Local stakeholders believe that it is important to understand the hidden costs of homelessness so that communities may appreciate how ending homelessness is not simply a question of doing the right thing, but it is also the economical thing to do.

• Background Information

There is a growing sense of awareness that there are substantial public and private “hidden” costs associated with homelessness. A number of recent studies and cost benefit analyses have been completed to calculate the costs of maintaining the status quo versus establishing a new service-delivery model.¹¹ These studies reveal that “managing” homelessness has kept persons in a state of homelessness over the course of months and years by providing them ongoing basic emergency resources such as food, clothing, health care and emergency shelter without adequate resources to obtain and maintain sustainable affordable housing.

As a result, as noted in these studies, homeless persons become frequent and lengthy users of hospital emergency services, emergency shelters, emergency assistance centers, and correctional facilities because of a lack of a permanent housing environment which would help better care for daily needs. Some of the “hidden” and “persistent” costs of homelessness to local jurisdictions are the result of ongoing interventions by:

- Emergency health care providers
- Paramedics
- Law enforcement
- Emergency psychiatric responders
- Temporary motel voucher providers
- Emergency shelter providers (particularly winter shelter providers) with little or no case management

In addition, there are harder to calculate quality-of-life costs associated with the impact of homeless persons on local businesses and business districts, tourism, court systems, and public facilities such as libraries and parks.

The City of Denver completed a cost benefit analysis that was based upon its Denver Housing First Collaborative (DHFC). The goals of the DHFC are to increase the residential stability and overall health status of chronically homeless individuals while reducing the utilization and costs of emergency services being provided to chronically homeless persons with taxpayer funds.

¹¹ Following the Office of Management and Budget's (OMB's) Directive 14, the U. S. Census Bureau uses a set of money income thresholds that vary by family size and composition to detect who is poor. If the total income for a family or unrelated individual falls below the relevant poverty threshold, then the family or unrelated individual is classified as being "below the poverty level."

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The cost benefit analysis focused on “examining the actual health and emergency service records of a sample of participants of the DHFC for the 24 month period prior to entering the program and the 24 month period after entering the program.” The findings document an overall reduction in emergency service costs for the sample group. The total emergency related costs for the sample group declined by “73%, or nearly \$600,000 in the 24 months of participation in the DHFC program compared with the 24 months prior to entry in the program.” The total emergency cost savings averaged \$31,545 per participant.¹²

The City of Portland has established a similar collaborative known as the Community Engagement Permanent Supportive Housing (CEPSH) Program which focuses on chronic homeless persons. The impact of the program has been significant and noted as follows:

- Approximately 300 clients are served annually who were homeless for an average of 8.6 years;
- 80% of CEPSH clients continue to be housed one year after enrollment in the program;
- One year’s cost savings from providing assertive case management and safe housing is over \$16,000 per client, down 38.7% from the cost of incarceration, emergency and in-patient health care.¹³



¹² Denver Housing First Collaborative, “Cost Benefit Analysis and Program Outcomes Report,” December 11, 2006.

¹³ Moore, Ph.D., T. L. and Central City Concern, *Estimated Cost Savings Following Enrollment In The Community Engagement Program: Findings From A Pilot Study Of Homeless Dually Diagnosed Adults*, June 2006.

- **Hidden Costs of Chronic Homelessness**

As previously stated, increasing evidence reveals that reducing chronic homelessness also results in significant reductions in ambulance fees, arrests, court costs, emergency room visits, health clinic visits, hospital admissions, incarcerations, and substance abuse treatment.¹⁴ Conversely, increases in the number of chronic homeless persons and/or the amount of time that persons remain homeless often results in frequent use of costly local public resources such as the criminal justice and health care systems. A partial list of local costs for these services is provided in Appendix C.

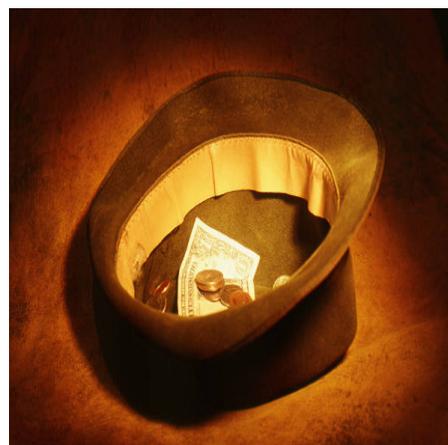
Local stakeholders agree that the frequent use of local public resources by chronic homeless persons is not only costly but is also ineffective in ending the experience of being homeless.¹⁵ For example, a homeless person's immediate health care need may be met by a visit to the emergency room, but their homeless experience persists which further compromises that person's health. As several studies note, tens of thousands of dollars (and in some cases hundreds of thousands of dollars) are often spent on each chronic homeless person annually, while at the end of the year most of them, if not all, remain homeless.

- **Hidden Costs of Last Minute Homeless Prevention Efforts**

Once a household becomes homeless it generally costs thousands of dollars to help regain housing. The longer a household remains on the streets, the less likely it will retain such resources as clothing, education, employment, food, health care, etc. Households often turn to drop-in centers and/or shelters and this experience tends to have adverse affects on children and their parents the longer they use these services.

- **Opportunities to Offset Hidden Costs**

It is less expensive to provide permanent supportive housing to chronically homeless persons than to continue to provide them costly services while they live on the streets year-after-year. Permanent supportive housing allows for the stable and monitored provision of services while helping chronic homeless persons maintain their housing. Service provision often results in chronic homeless persons receiving a source(s) of income to pay a portion of their rent. In addition, their reliance on costly local public services is reduced because they are better able to take care of their health. Finally, by being stably housed, the likelihood of being arrested for quality-of-life related criminal activities is thereby reduced.



¹⁴ "Emerging Research on the Costs of Homelessness," Dennis P. Culhane, University of Pennsylvania, n.d.

¹⁵ "In the Cities: G2B2G Communities Conduct Cost-Benefit Studies", in United States Interagency Council on Homelessness e-Newsletter, January 6, 2006.

Helping “at-risk” households maintain housing is less costly, more effective, and more humane than helping households obtain housing only *after* they become homeless. Once a household becomes homeless it generally costs thousands of dollars to help them regain housing and the longer a person or family remains without permanent housing, the more costly it becomes to reestablish tenancy. The temporary supplemental resources needed to maintain an at-risk family in its housing is generally a matter of a few hundred dollars as compared to the thousands needed to stabilize a family and relocate it in housing. Prevention and early intervention offers the best hope in reducing the costs associated with helping persons obtain housing after they begin living on the streets and/or in shelters.

Local stakeholders believe that the overall quality of life for residents of communities including homeless persons can be significantly improved as the negative impacts of individuals living and sleeping on the streets are reduced by discouraging “managing” homelessness through emergency resources and encouraging “ending” homelessness by providing the resources necessary for persons to obtain and maintain affordable housing.

F. Action Steps

1. Homeless Prevention

The San Bernardino County Homeless Partnership 10-Year Planning Committee has concluded that there is an annual cycle of homelessness in which a number of persons exit homelessness only to be replaced by other persons who have lost their homes and become newly homeless. This cycle involves more than the 7,331 persons living on San Bernardino County streets or in facilities that serve homeless persons on a given day. Approximately 38.3% (2,800) of the 7,331 persons have been homeless for one year or more and are likely to remain homeless for another year or longer. Approximately 61.7% (4,500) of the 7,331 persons will break the cycle and access housing in part through the combined efforts and resources of service providers that help them obtain housing.

Unless something is done to limit the number of new homeless cases, despite helping 4,500 leave the streets 4,500 new persons will become homeless during this same period to replace the 4,500 persons who are no longer homeless.

To address the problem of homelessness and ideally end it, the San Bernardino County Homeless Partnership 10-Year Planning committee has developed 25 specific action recommendations to be undertaken throughout San Bernardino County.

Recommendation 1: Implement countywide homeless prevention strategies to prevent individuals or families from becoming homeless.

Homeless prevention strategies should provide at-risk households with opportunities to receive wide-ranging consumer-centric supplemental resources “under one roof” to help maintain housing. Prior to receiving services or resources, an intake and assessment should be completed by an experienced and competent case manager. The assessment will verify eligibility, identify needs, provide resources, and develop an action plan for each household. In addition, necessary homeless prevention strategies should encourage recipients of assistance to work with a case manager on a long-term basis.

Supplemental resources that should be made available to at-risk households include:

- Behavioral health services
- Benefit counseling including public assistance
- Credit repair
- Employment services
- Eviction prevention
- Health care (including medications and dental services)
- Landlord-tenant mediation
- Legal services
- Money management
- Rebuilding family networks
- Rental assistance
- Substance abuse screening and referrals
- Transportation assistance
- Utility assistance
- Veteran benefits

Recommendation 2: Use funding from the American Recovery and Reinvestment Act of 2009 “Homeless Prevention and Rapid Re-Housing Program” (HPRP) for supplemental resources including rental assistance and utility assistance.

The American Recovery and Reinvestment Act of 2009 (ARRA) was signed into law by President Obama on February 17, 2009. ARRA includes more than \$13 billion for projects and programs administered by HUD of which more than \$100 million has been granted to jurisdictions within Southern California and nearly \$7 million to jurisdictions within San Bernardino County.

A. Use of Funds

Eligible uses of funds are to:

- Promote energy efficiency and creating green jobs;
- Support shovel-ready projects and assisted housing improvements;
- Promote stable communities and help families hardest hit by the economic crisis.

See Appendix E for a list of programs that list those activities that are designated by HUD under the three (3) objectives noted above.

HUD notes that the Homelessness Prevention Fund “will provide financial assistance and services to prevent individuals and families from becoming homeless and help those who are experiencing homelessness to be quickly re-housed and stabilized.” Funds are “intended to target individuals and families who would be homeless but for this assistance.” Assistance may include “short-term or medium-term rental assistance and housing relocation and stabilization services, including such activities as mediation, credit counseling, security or utility deposits, utility payments, moving cost assistance, and case management.”

B. Grantees and Allocation Amounts

HUD released HPRP formula allocations including grantee and allocation amounts for the entire country that totaled nearly \$1.5 billion (\$1,492,500). Eligible applicants include “Metropolitan Cities, urban Counties and States” and funds are to be distributed to local governments and private nonprofit organizations”. Nearly \$7 million (\$6,823,182) has been granted to jurisdictions within San Bernardino County including a County allocation. Grantee and allocation amounts for San Bernardino County are as follows:

| American Recovery and Reinvestment Act of 2009: Homeless Prevention and Rapid Re-Housing Program (HPRP) Formula Allocations | |
|--|--------------------|
| Grantee | Allocation |
| Fontana | \$783,380 |
| Ontario | \$997,869 |
| Rialto | \$546,485 |
| San Bernardino City | \$1,455,066 |
| San Bernardino County | <u>\$3,040,382</u> |
| Total: | \$6,823,182 |

C. Regulations and Requirements

See Appendix F for current details. Reporting requirements were released by HUD on May 13, 2009.

Recommendation 3: Implement a community outreach and education campaign that raises awareness about households at risk of becoming homeless and provides information about resources available through homeless prevention programs. This effort should leverage the 2-1-1 System for easy access where appropriate.

The 2-1-1 system is a toll-free phone number that provides information and referrals for health and social services. The goal of 2-1-1 is to provide timely, effective access to accurate and comprehensive information and referrals for the residents of San Bernardino County, and provide coordination support in times of disaster.

Raising awareness can be accomplished through several means of communication that provide at-risk households (and those groups and individuals that want to help them) with information and resources to assist the household maintain housing. Such means of communication should include:

- A “Homeless Prevention Resource Guide” that provides a description of, and contact information for homeless prevention resources;
- “Homeless Prevention Week” that raises awareness concerning families and individuals who are at-risk of homelessness and the resources available to help;
- Posters, flyers, and brochures containing contact information for those at-risk of homelessness that would be:
 - Made available at public counters including libraries, schools, post offices, and City Hall public service counters;

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- Delivered for distribution at local committees, coalitions, and task force meetings;
- Delivered to post offices and distributed at local community, educational, and recreational service centers and organizations including religious congregations;
- Made available to property owners and managers to distribute to renters.
- Information concerning homeless prevention made available on existing web sites of community organizations including local jurisdictional web sites;
- Public service announcements that provide contact information for homeless prevention resources;
- Contact information enclosed in utility bills for homeless prevention assistance;
- Provide 2-1-1 information cards to the homeless, and promote the 2-1-1 system as a free and confidential referral service.

Providing information about resources available through homeless prevention programs is also necessary to ensure that households at risk of becoming homeless receive essential resources to maintain housing. The Homeless Partnership 10-Year Planning Committee recommends each city jurisdiction encourage faith based organizations, neighborhood groups, and other community based organizations, to “adopt a neighborhood.” Adopting a neighborhood would consist of distributing and/or posting homeless prevention program materials throughout the adopted neighborhood including:

- Neighborhood resource centers that provide community services to residents such as education, employment, health, and recreation;
- Stores, markets and repair shops;
- Businesses including those providing check cashing services, payroll advances, and short-term loans;
- Schools, both public and private;
- Places with public counters such as post offices, welfare offices, libraries, parks, etc.;
- Community health clinics; and
- Other appropriate places.

2. Community Integration Strategies

Recommendation 4: Formalize protocols and improve the coordination of discharge planning.

The San Bernardino County Homeless Partnership 10-Year Planning Committee recommends establishing and strengthening discharge planning protocols among the key institutional systems of care and supervision. The purpose of such protocols is to close the “front door” to homelessness so that new persons do not find themselves living in the community without the social and economic supports necessary to access and maintain themselves in a safe environment.

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The institutions and systems of care that are most central to limiting the creation of newly homeless persons upon discharge are the:

- Medical
- Foster Care
- Mental health
- Corrections (including probation programs).

Proper discharge planning helps prepare a person for independent living prior to discharge so that he/she may become reestablished in the community with the supports and referrals necessary to avoid a future relapse into homelessness or further institutional care.

The State of California mandates that each county provide discharge planning for Foster Care youth. Designated case managers at the San Bernardino County Children and Family Services (CFS) are responsible for creating an individual plan for each youth leaving the Foster Care system, including a housing plan.

CFS is responsible for carrying out the mandate that children and youth in Foster Care are returned to their families or settings other than HUD McKinney-Vento funded beds. In addition, the State Child Welfare Agency has aftercare social workers that connect youth aging out of the Foster Care system to mainstream services such as educational and vocational opportunities, financial services, and mental health and substance abuse services, which will ultimately help them stay housed.

As this report is being prepared, San Bernardino County is undergoing a review of the discharge protocols in place relative to the health care system (both public and private). To date, no coordinated plan of discharge has been put in place among the hospitals. OHS recommends the establishment of a recuperative care program flexible enough to address the needs of a variety of homeless persons and families with medical problems. This alone will go a long way toward seeing that persons are not discharged to the street, but have a safe and supportive environment available to receive them and address their emergent needs.

The San Bernardino County Department of Behavioral Health (DBH) has implemented enhanced and updated discharge planning protocols in light of new resources made available through the California Mental Health Services Act (MHSA). The current protocols require planning for all discharges from locked psychiatric facilities. Discharges from acute psychiatric facilities receive full after-care plans that include linkages to local clinics and several weeks of medications to sustain them until a medication visit is scheduled. The Assertive Community Treatment (ACT) Team for High-Utilizers places homeless persons in Board and Care or Residential Treatment facilities. The availability of Full Service Partnership (FSP) funding through MHSA permits DBH to provide approximately \$15,000 in services per person, per year to High-Utilizers. These resources are provided on a wrap-around basis so that each person receives a unique set of services to assist him or her to avoid future institutional placements and/or homelessness. The availability of flexible FSP resources enables DBH to go to extraordinary lengths to assist persons to avoid homelessness. A specialized mental health unit works in San Bernardino County Jail to arrange for proper discharge of incarcerated persons with mental health diagnoses.

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The State of California Department of Corrections discharges inmates to the county in which they were sentenced. Inmates in the county detention center are released to the street. An inmate release program, Face-to-Face, uses private resources to assist inmates at the point of discharge with emergency transportation and housing assistance, but resources to operate this program are scarce. Other agencies work with inmates while incarcerated in the Glen Helen Detention Center. Of particular note is the Workforce Development Department's (WDD) program that provides a comprehensive case management and employment assistance program to inmates within 30 days of discharge who express interest in securing employment. Inmates with diagnosed mental health disorders (or who may be suspected of such disorders) are referred to the Mental Health Services Unit that is located in the Detention Center.

Supervised Treatment After Release (STAR) is the treatment component of the Mental Health Court System of Care. Individuals are generally referred while incarcerated in West Valley Detention Center. Upon acceptance of terms and conditions of probation requiring health treatment, STAR arranges for:

- Day-treatment
- Intensive case management
- Residential placement
- Drug and alcohol treatment
- Periodic court reviews

In upcoming years STAR is slated to be expanded with funding from the MHSA so that the benefits of FSP resources will be available to assist chronic "High-Utilizers" (including chronic homeless persons) receive a full array of services valued at approximately \$15,000 per person per year. This level of assistance will permit the STAR team to go to extraordinary lengths to see that persons being discharged from the corrections system are not made homeless upon discharge.

The Homeless Partnership 10-Year Planning Committee believes that coordinating a community-based approach to discharge planning will result in a more effective and coordinated systems of care that will reduce the number of new persons entering the homeless system of care. Community based solutions must be identified, strengthened, and expanded so that special needs populations emerging from institutional care may live independently with dignity and purpose.

The Homeless Partnership 10-Year Planning Committee recognizes the problem of homelessness is multi-faceted and involves matters under jurisdictional authority of various levels of government. As a result, there is a pressing need for inter-governmental coordination to develop resources to assist homeless persons and families. Specific actions to help ensure proper discharge planning include:



- Adopting a “zero tolerance” policy towards discharging persons into homelessness;
- Ensuring that public and private systems of care have protocols and procedures for discharging clients in place and are implementing them;
- Reviewing protocols on a regular basis and updating and revising as necessary;
- Coordinating meetings and forums for homeless service providers and discharging agencies to share information, plan for, and review discharges to the community;
- Establishing a referral-based case management system that will ensure a case manager from a homeless service provider responds to the needs of persons leaving institutional care;
- Providing interim transitional placements that provide short-term lodging to recently discharged persons while they await placement in other types of housing when needed;
- Creating a recuperative care program for homeless persons being discharged from hospitals and in need of ongoing medical care and supervision;
- Advocating for the strengthening and enhancement of existing social work practices within the criminal justice system to find effective ways to reduce recidivism. This will require special efforts to coordinate with the State of California Department of Corrections;
- Reviewing the use of voucher assistance countywide to see if this resource may be more effectively utilized to assist homeless households.

Planning and intervention by case managers including street outreach workers increases the chances of helping homeless individuals find appropriate housing and services prior to being discharged from systems of care. Ideally the outreach and discharge planning programs maintain close communication so that each may support the efforts of the other; this will ensure incidences of homelessness are shortened and that community based supports are in place to assist persons obtain and remain in stable housing.

3. Outreach and Engagement System for Chronically Homeless Persons

The San Bernardino County Homeless Partnership 10-Year Planning Committee believes that the longer a person lives on the streets, the greater the likelihood that the underlying problems that resulted in homelessness will exacerbate. As a result, street outreach and engagement is essential particularly to prevent chronic homelessness and to help those persons who are chronically homeless end their debilitating experience. Street outreach and engagement should include the following traditional activities:

- Locating homeless people on the streets or in facilities and establish rapport;
- Assessing their needs;
- Linking homeless persons to supportive services with the ultimate goal of accessing permanent housing.

In addition, street outreach and engagement should also include responding to community requests for intervention with homeless persons, particularly from law enforcement agencies, individual businesses and associations, and community residents and neighborhood associations.

An increasing number of jurisdictions have adopted Assertive Community Treatment as an action step necessary to achieve greater success with chronic homeless persons. Assertive Community Treatment is a form of street outreach case management that is distinguished from more traditional street outreach because the team:

- Consists of several multi-disciplinary team practitioners with knowledge of substance abuse and vocational rehabilitation from the fields of:
 - Psychiatry
 - Nursing
 - Psychology
 - Social Work
- Brings the services to the homeless instead of bringing the homeless to the services;
- Supplies a wide variety of services to each client from the same group of specialists; which means that members of the team do not have individual caseloads because the team as a whole is responsible for each client;
- Operates with a team-to-client ratio of one (1) Clinician for every ten (10) clients;
- Is cross-trained in each other's areas of expertise to the maximum extent feasible;
- Provides services 24-hours a day, seven (7) days a week, for as long as they are needed;
- Never discharges someone because they are too difficult or because they are not making progress.

Recommendation 5: Establish a Central Contact Center that would respond to community calls and concerns for traditional street outreach and engagement and/or assertive community treatment.

A Central Contact Center would help ensure traditional street outreach and engagement and/or assertive community treatment teams reduce the number of chronically homeless persons and the length of stay on the streets. The primary goal of these activities will be to help chronically homeless persons obtain appropriate permanent housing by addressing their immediate barriers to housing through supportive services so their service needs do not delay entry into housing. The primary goal also includes providing supportive services while in housing so they will be able to maintain housing. If chronically homeless persons are placed in emergency shelter a “rapid exit” strategy that focuses on early identification and resolution of barriers to housing through case management would be implemented in order for them to obtain permanent housing.

A Central Contact Center should also help ensure the following:

- Appropriate street outreach and engagement services and/or assertive community treatment teams be provided to homeless children in schools including family members when necessary;
- Street outreach and engagement activities will be coordinated with County services including public and private systems of care such as health care facilities, Foster Care or other youth facilities, mental health providers, and correction programs and institutions (e.g., jails, prisons, and probation programs).

The San Bernardino County Homeless Partnership 10-Year Planning Committee also encourages street outreach and engagement and/or assertive community treatment teams including central contact centers to be co-located with regional “one-stop” centers, noted in Recommendation 8 of this report.

Recommendation 6: Expand Street Outreach and Engagement Services to include Multi-disciplinary Practitioners and Services.

The San Bernardino County Homeless Partnership 10-Year Planning Committee believes each street outreach and engagement team should include the necessary practitioners and services to meet the wide-range of social service needs of homeless and chronically homeless persons living on the streets. Such services should include health care, mental health care, and substance abuse recovery. Chronic homeless persons often have a dual diagnosis of mental illness and substance abuse that is often compounded by chronic health issues and other needs.

Recommendation 7: Expand Street Outreach and Engagement Services to include Volunteers from Various Community Groups.

The San Bernardino County Homeless Partnership 10-Year Planning Committee also believes representatives from several public and private community based groups should be engaged appropriately in street outreach and engagement efforts. Representatives from groups should include but not be limited to citizen patrol, law enforcement, faith based groups, community based organizations, volunteers, and non-profit employees.

Education and training should be provided for community volunteers. Education should include an understanding of chronic and episodic homelessness and the issues that lead to and perpetuate it. Training should include how to interact with homeless persons. Interaction may include indirect and direct contact with homeless persons. It is recommended that volunteers first do a "ride-along" with street outreach workers and observe how they interact and help homeless individuals and families.

4. Centralized Assessment and Regional Referral and Service Delivery System

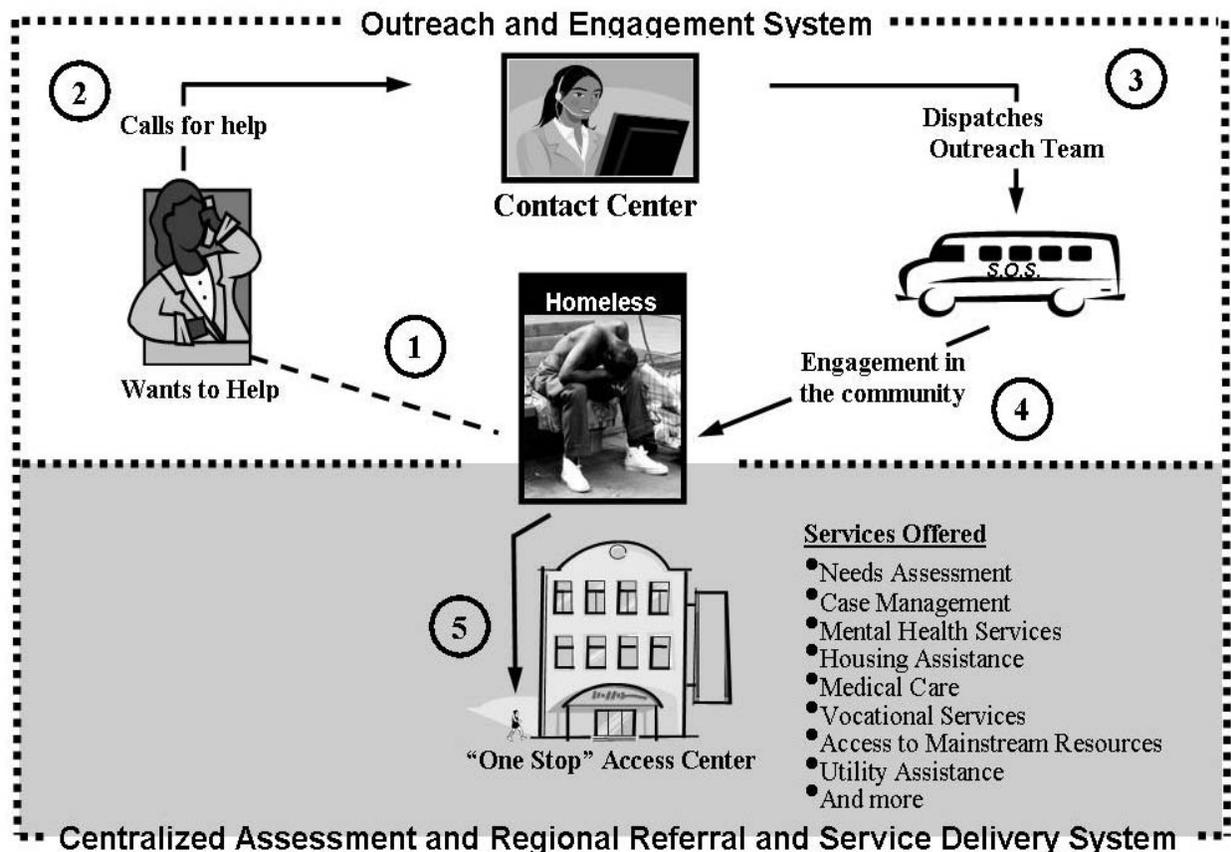
The San Bernardino County Homeless Partnership 10-Year Planning Committee believes centralizing non-residential, program-based case management services linked to housing options (a "one stop" approach) is a more effective way to provide services than having homeless persons navigate multiple systems of care throughout San Bernardino County. Realizing that the size of the County and the fact that many communities lack resources and accessible public transportation systems and that the homeless services system of care needs to ensure geographic breadth, the Homeless Partnership 10-Year Planning Committee recommends the following:

Recommendation 8: Establish Regional "One-Stop" Centers that contain the following components:

- A standardized intake and assessment with related protocols to guarantee consistency between regional centers;
- A wide-range of on-site or off-site social services including:
 - Employment services
 - Health care
 - Housing placement
 - Mental health care
 - Substance abuse counseling and treatment
- Coordination among public and private agencies.

Basic emergency assistance such as food and clothing should not be provided at such One-Stop Centers, but should only be available on a referral basis so that the Center is regarded by both clients and the community as a place where serious work is undertaken by persons interested in transforming their lives.

The San Bernardino County Homeless Partnership 10-Year Planning Committee also believes regional one-stop centers should be phased in over time. One center should be established first that would serve as a model for other regional centers.



5. Income and Support Services

The San Bernardino County Homeless Partnership 10-Year Planning Committee recognizes homeless persons have a wide-range of social service needs and case management services including domestic violence, education, employment, health care, mental health care, substance abuse, veteran benefits, and others are often required to meet their needs and help them to obtain and remain stably housed. The Homeless Partnership 10-Year Planning Committee also recognizes some homeless persons have permanent disabilities and are unemployable and others are employable but unemployed. Both groups are in need of income support and support services.

• Cash and Income Supplements

Mainstream resources provide income support for homeless persons who are either permanently disabled (and outside of the labor force) and other homeless persons who are employable but may be temporarily outside of the labor force. Mainstream resources are the variety of federal and state government-assisted benefit programs. These resources provide low-income persons (including individuals and families who are homeless) with cash payments and supportive services for needs such as food, health care, housing, job training, and nutrition services. For example, a homeless person who has a permanent disability may be eligible to receive Supplemental Security Income (SSI) benefits administered by the Social Security Administration. SSI provides a monthly stipend based upon eligibility requirements.

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Similarly, a homeless family may be eligible to receive Temporary Assistance for Needy Families (TANF) which is also a federal program that provides a monthly stipend to working families. Other mainstream entitlement programs include Food Stamps, Medi-Cal, Social Security Disability Income (SSDI), Veteran's benefits, and Unemployment Insurance Benefits (UIB), to name a few.

Recommendation 9: Use a Comprehensive Tool that Determines Potential Eligibility for Mainstream Resources.

The San Bernardino County Homeless Partnership 10-Year Planning Committee recommends the development of a comprehensive tool that determines potential eligibility for mainstream resources. The tool would be based on the features of other such self-sufficiency calculators and tools provided by organizations. This mainstream resource eligibility screening tool would gather pertinent information that would help determine if an individual or family is eligible for several mainstream resources including the ones noted previously. The Homeless Partnership 10-Year Planning Committee also recommends:

- Ongoing training, provided by mainstream resource providers, on how to identify eligibility and program changes for mainstream programs;
- Integrating this tool into the Homeless Management Information System (HMIS).

The San Bernardino County Homeless Partnership 10-Year Planning Committee recognizes support services through case management is necessary for nearly all, if not all, homeless persons to obtain and maintain housing. Support services should include a wide-range of help that includes domestic violence services, education, employment services, health care, housing placement, mental health care, substance abuse counseling and treatment, and veteran services. Intakes and assessments should include identifying case management needs for homeless persons and such needs should be incorporated into a case management plan to help homeless persons obtain and maintain appropriate housing. Currently, case management services are not integrated into a single system of care across agencies. Particularly challenging clients whose needs cross over numerous disciplines do not always receive multidisciplinary services, despite their potential therapeutic benefit.

Recommendation 10: Appropriate case management services should be available to all homeless persons whether they are on the street, accessing one-stop centers, in emergency shelters or transitional housing, or receiving permanent supportive services.

The San Bernardino County Homeless Partnership 10-Year Planning Committee recommends *all* new Continuum of Care programs establish a case management plan linked to HMIS with appropriate support services for program participants. In addition, the Homeless Partnership 10-Year Planning Committee recommends any existing Continuum of Care programs that do not establish a case management plan with appropriate support services for program participants begin to establish such a plan.

6. Shorten Homelessness

The San Bernardino County Homeless Partnership 10-Year Planning Committee believes shelters and transitional housing should have procedures to minimize the time persons are homeless and develop standards for interim housing (shelters and transitional housing) that promote housing placement in the most suitable setting as soon as possible.

Recommendation 11: Develop and execute a “rapid exit” strategy that focuses on early identification and resolution of the barriers to housing through case management services in order to facilitate the return of a homeless person to permanent housing as quickly as possible.

Implementing this recommendation will ensure that the shelter and transitional housing system will be organized to minimize the length of time people remain homeless and the number of times they become homeless. The Homeless Partnership 10-Year Planning Committee maintains that allowing homeless persons to stay in shelters on an ongoing basis without a case management plan is costly and often does not help them acquire the skills and resources necessary to obtain and maintain permanent housing and live self-sufficiently. In addition, the Homeless Partnership 10-Year Planning Committee believes permitting lengthy stays in mass shelters have adverse affects on children and their parents.

Implementing a “rapid exit” strategy supports the “Housing First” approach which addresses immediate barriers to housing through home-based case management so that a homeless person's service needs do not delay his/her entry into permanent housing or permanent supportive housing.

Recommendation 12: Implement a Rapid Re-Housing Approach for Households with Dependent Children.

National and local research shows that rapid re-housing provides a critical link between the emergency & transitional housing systems and permanent affordable housing for households with dependent children. This "Housing First" approach focuses on helping families access and sustain permanent housing as quickly as possible. There are four (4) primary actions that make rapid re-housing possible. They are:

1. Crisis Intervention and Stabilization
2. Intake and Assessment
3. Assistance Moving into and Maintaining Permanent Housing
4. Home-Based Case Management

Crisis Intervention and Stabilization may involve placing households with children in temporary housing such as shelters and transitional housing programs or placing such households into permanent affordable housing.

An Intake and Assessment will be completed once they are placed in available housing that will result in an action plan which includes short- and long-term goals and objectives with concrete action steps for households in shelters or transitional housing to obtain housing or households in permanent housing to maintain housing.

Assistance Moving into and Maintaining Permanent Housing will include rental assistance for a short-period of time if needed.

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Home-Based Case Management will also be time-limited and focus on helping households solve short-term problems and connect them to community services in order to meet short-term and longer-term needs that include community-based social service, educational, employment and health care systems that bring about stability, neighborhood integration, and improved health and well-being of households. Local and national research has shown that formerly homeless families are most at risk for another episode of homelessness during the first 90 days in permanent housing.

As noted in Recommendation 2, nearly \$7 million was granted to jurisdictions within San Bernardino County for the Homeless Prevention and Rapid Re-Housing Program (HPRP) which is a component of the American Recovery and Reinvestment Act of 2009 (ARRA) signed into law by the President of the United States on February 17, 2009. Funding can be used to provide financial assistance and services to prevent individuals and families from becoming homeless and help those who are experiencing homelessness to be quickly re-housed and stabilized.” Funds are “intended to target individuals and families who would be homeless but for this assistance.”

7. Permanent Housing

This section contains action steps and related recommendations for two types of permanent housing:

1. Permanent Supportive Housing
2. Permanent Affordable Housing

The current and in-development inventory of housing to assist the homeless in San Bernardino County appears in Table 2: Continuum of Housing Options. The full range of housing types that communities have developed and operate to assist homeless persons follows. The Homeless Partnership 10-Year Planning Committee feels particular attention needs to be paid to the development of permanent housing to assist homeless populations.

Permanent Supportive Housing

Permanent supportive housing provides residents with on-site and off-site social services in order to help them maintain their housing. Such services often include employment, health care, mental health care, and substance abuse treatment services. Residents usually pay no more than 30% of their income for their basic housing costs of rent and utilities.

National and local studies have shown that permanent supportive housing is the most successful solution to homelessness. These studies have also shown that permanent supportive housing is a proven, cost-effective way to end homelessness for chronic homeless persons. Such housing generally blends seamlessly into neighborhoods and many developments are designed so that only a percentage of units are reserved for persons emerging from homelessness. The continuum of housing options ranges from emergency shelters to locked and highly structured institutional care (such as mental health hospitals and jails).

Table 2 is organized to show the key operational factors by which residential settings differ. The behavior of residents/inmates is either more or less highly monitored, particularly in regards to the use of alcohol and drugs (either on-site or off-site).

Table 2: Continuum of Housing Options

| | | Emergency Shelter | Residential Treatment | Transitional Housing | Permanent Affordable | Supportive Housing | Sober Residence | Safe Haven | Group Home | Locked Ward | Prison or Jail | |
|------------|-------------------|---------------------|-----------------------|----------------------|----------------------|----------------------|-----------------|------------------------|------------|----------------------|----------------------|--------|
| Monitoring | Tenancy | No | No | Yes | Yes | Yes | Yes | Yes | Yes | No | No | |
| | Rent | No | No | Yes | Yes | Yes | Yes | Yes | Yes | No | No | |
| | Access | vol. | vol. | vol. | vol. | Vol. | vol. | vol. | vol. | req. | req. | |
| | Eligibility Reqs. | None | Substance Abuse | Targeted Populations | None | Targeted Populations | Substance Abuse | Co-occurring Disorders | Varied | Targeted Populations | Targeted Populations | |
| | Therapy | No | Yes | Yes | None | Yes | Yes | Yes | Yes | Yes | No | |
| | Screening | Income | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | No |
| | | Verifiable Sobriety | No | Yes | Varies | No | Varies | Yes | No | Varies | No | No |
| | | Behavior | Limited | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Strict | Strict |
| | | Refs. | Limited | Yes | Varies | Yes | Yes | Yes | Varies | Yes | No | No |
| | Drug Use | On-site | No | No | No | No | No | No | No | No | No | No |
| | | Off-site | Yes | No | No | No | Monit. | No | Monit. | No | No | No |
| | Al. Use | On-site | No | No | No | Yes | Varies | No | Varies | Varies | No | No |
| | | Off-site | Yes | No | No | Yes | Varies | No | Varies | Varies | No | No |
| Behavior | Limited | Yes | Yes | Limited | Yes | Yes | Yes | Yes | Yes | Strict | Strict | |

Recommendation 13: Increase the Number of Emergency and Transitional Units

The San Bernardino County Homeless Partnership 10-Year Planning Committee recommends that in addition to the development of new permanent housing units for homeless households, an additional emergency shelter be created with transitional units in strategic locations as determined in the future by the Homeless Partnership 10-Year Planning Committee. Without case management services in place, the likelihood that these residential services will end homelessness is highly questionable. Therefore, the Homeless Partnership 10-Year Planning Committee strongly recommends that any new emergency shelter or transitional housing should have a case management component associated with it. Sources of funding for development of affordable housing units are noted in the following two recommendations.

Recommendation 14: Implement a Housing First Approach

The San Bernardino County Homeless Partnership 10-Year Planning Committee recommends the adoption of a “Housing First” model of management which is premised on the belief that homeless families are more responsive to interventions and social services after they are in their own housing, rather than while living in emergency shelters or transitional housing facilities. Housing First providers report that a greater percentage of households maintain housing through this management approach as opposed to households that obtained permanent housing after going through structured transitional housing programs.

Housing First providers also report that it is generally less expensive to provide housing and services to homeless households through this service delivery modality than to provide mental health services at an emergency shelter and/or transitional housing facility. Therefore, the San

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Bernardino County Homeless Partnership 10-Year Planning Committee advocates that as many homeless families and individuals be placed in permanent housing as quickly as possible with only a minimum referred to transitional housing programs for enhanced stabilization services.

Recommendation 15: Obtain More Shelter + Care Certificates

The San Bernardino County Homeless Partnership 10-Year Planning Committee recommends the number of Shelter + Care tenant-based and sponsor-based rental assistance certificates be increased. Shelter + Care assists homeless individuals and families with mental disabilities, chronic substance abuse, and/or infected with HIV/AIDS by providing long-term affordable rental housing and a broad range of supportive services. The goal of Shelter + Care is to increase the participants' independent living skills.

Under tenant-based rental assistance, the Housing Authority of San Bernardino County requests funds to provide rental assistance on behalf of program participants who choose their own housing units. Under sponsor-based rental assistance, the applicant (a non-profit agency) provides rental assistance and housing units on behalf of program participants. Extremely low-income homeless persons with Supplemental Security Income (SSI) benefits require a form of rental assistance (like a Shelter + Care voucher) in order to access permanent housing. Taking into account that the SSI benefit for a person living independently is \$870 per month, the most that this person should pay as rent (using the HUD 30% standard) is \$261¹⁶. Given that the Fair Market Rent for studio apartments in San Bernardino County is currently \$896, there is a gap of \$635 per month that would have to be closed in order for a person on SSI to access and maintain housing. Among the resources available to close this gap is the Shelter + Care program.

Permanent Affordable Housing

The U.S. Department of Housing and Urban Development (HUD) defines "affordable" as housing that costs no more than 30% of a household's monthly income. This means that rent and utilities in an apartment or the monthly mortgage payment and housing expenses for a homeowner should be less than 30% of a household's monthly income to be considered affordable.

Recommendation 16: Increase the Number of Permanent Housing Units with an Emphasis on the Development of Safe Havens.

The San Bernardino County Homeless Partnership 10-Year Planning Committee recommends the number of beds of permanent supportive housing be increased. Currently, there are 189 beds either online or in development throughout San Bernardino County. The appropriate number of additional units should be determined in the future by the 10-Year Planning Committee.

¹⁶ Some programs permit a low-income resident to pay rent up to 40% which in this case would be \$348.
San Bernardino County 10-Year Strategy to End Homelessness

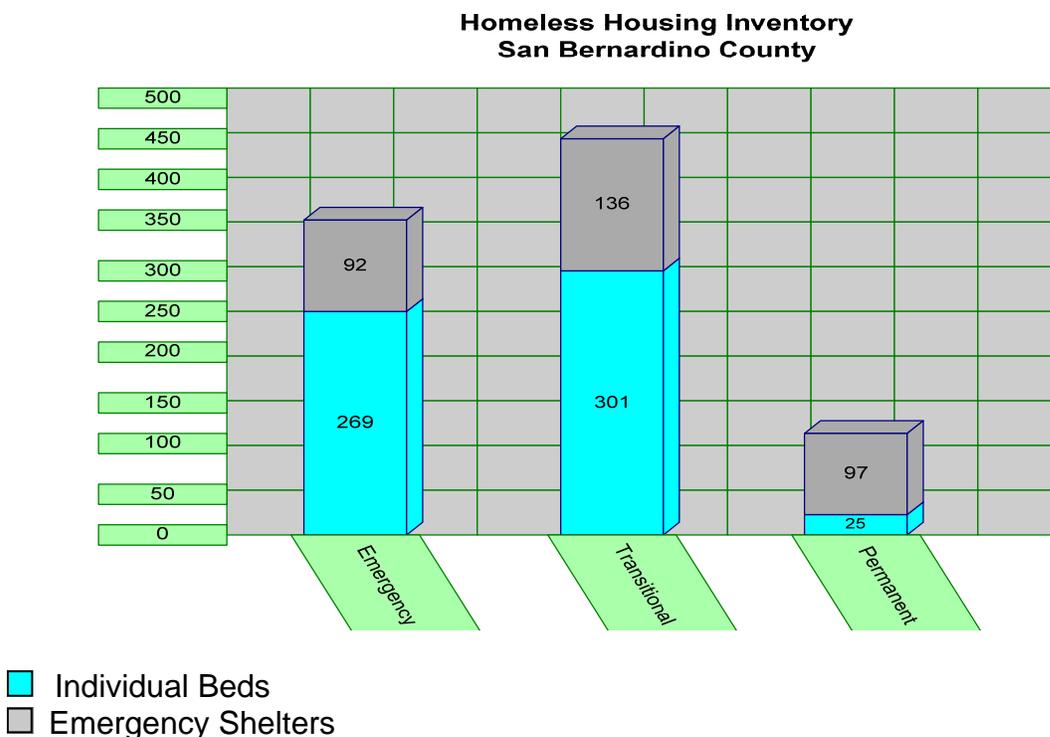
Permanent supportive housing varies in scale, density and configuration as a result of various models. Such models include:

- Apartment buildings
- Single- and Multi-family housing
- Single room occupancy units
- Safe Havens

1. Apartment Buildings

Apartment buildings are often used for permanent supportive housing. Either 100% of units or a portion of the units are designated as permanent supportive housing. Each household has their own apartment. Such housing combines affordability with individualized supportive services with the help of a case manager who helps them address the issues that caused their homelessness in order to help them maintain their housing.

Figure 1: Homeless Housing Inventory, San Bernardino County, 2008



2. Single- and Multi-family Housing

Single- and Multi-family homes are also used for permanent supportive housing. Instead of each household getting their own apartment unit, they get their own bedroom and share common living areas such as a living room, dining room, and kitchen. Such housing also combines affordability with individualized supportive services with the help of a case manager.

3. Single Room Occupancy

Single room occupancy (commonly called “SRO”) generally refers to a building that houses people in single rooms. Such rooms may or may not have a private kitchen and bathroom which means that tenants then share common bathrooms, kitchens, and dining rooms. SRO units are not always enriched with supportive services. The San Bernardino County Homeless Partnership 10-Year Planning Committee, however, recommends that residents have access to on-site and/or off-site services.

4. Safe Haven

Safe Havens are low-demand, high-expectation programs with few initial requirements other than the clients abstain from alcohol and/or other drug use while on the premises and not exhibit threatening behavior. High-expectations reflect the probability that with time and appropriate, non-threatening services, clients will become more amenable to accepting psychotropic medications and other stabilization services as a first-step toward obtaining housing, services, and benefits.

Safe Haven’s service population are often “chronically homeless” as defined by HUD. They are unaccompanied homeless individuals with a disabling condition who have either been continuously homeless for a year or more OR have had at least four (4) episodes of homelessness in the past three (3) years. They also 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.” HUD also notes that to be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter during that time.

The characteristics noted above make it very difficult for the needs of the “hardest-to-reach” homeless persons to be addressed by outreach and housing programs such as emergency shelters and transitional housing programs that serve the general homeless population. Severely mentally-ill and chronically homeless individuals face unique barriers to move beyond homelessness and Safe Havens are designed to facilitate their capacity to overcome them. Moving beyond homelessness is also greatly reduced by the very nature of the disability which disrupts judgment, motivation, and social skills. Because of the 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. The proposed program would have a non-residential and residential component that serves as a portal of entry for severely mentally ill and chronically homeless individuals to move beyond homelessness and into the area’s Continuum of Care.

The non-residential component should consist of:

- 1) A drop-in center where food, clothing, bathroom, and laundry facilities will be provided only to the intended service population on a drop-in basis; and
- 2) Social services and referrals within a non-intrusive, low demand environment.

The residential component should consist of 25 units of permanent supportive housing with on-site and off-site case management services. Each resident would be assigned to a case manager. However, each case manager would not be responsible for more than approximately eight (8) clients.

Recommendation 17: Encourage all local jurisdictions to adopt an inclusionary housing policy that requires a percentage of new housing to be affordable to extremely-low and very low-income residents.

Inclusionary housing has created over 34,000 affordable homes and apartments in California over the past 30 years. Currently, there are more than 100 cities and counties in California that have adopted an Inclusionary Housing policy which represents nearly a 50 percent increase since 1994.¹⁷ Cities within San Bernardino County that have some type of inclusionary housing policies include Hesperia and Montclair.

An inclusionary housing ordinance should require residential and mixed use projects to include a share of housing that is affordable to extremely-low and very low-income households. The share is usually 10 to 20 percent of newly constructed units. Inclusionary housing ordinances typically provide an “in lieu fee” provision. Payment of a fee in lieu of all or some of the inclusionary units, however, should be discouraged except in special circumstances (e.g. developments of fewer than 10 units). The amount of the fee is calculated using a fee schedule established by the local jurisdiction. Fees are set-aside to be used for affordable housing that could include permanent supportive housing.

The San Bernardino County Homeless Partnership 10-Year Planning Committee believes an inclusionary housing policy helps to produce new, quality affordable housing units. The policy also allows for affordable units to be integrated into market rate developments creating inclusive communities. The San Bernardino County Homeless Partnership 10-Year Planning Committee also believes that integrated developments give lower-income families the opportunity to benefit from the amenities of newer neighborhoods—schools, parks, stability and security—where new developments are often built. Such a policy also helps overcome one of the greatest barriers to better housing opportunities for extremely-low and very low-income families—namely, local resident opposition to the construction of affordable housing.

Other benefits from an inclusionary housing policy include:

- Producing affordable “workforce” housing for middle income workers;
- Supporting the creation of mixed income communities;
- Preventing rising prices from driving out low and moderate income residents; and
- Leveraging the expertise and capacity of the private market to develop affordable housing.

Recommendation 18: Assess the Feasibility of a Housing Trust Fund for County and Local Levels of Government.

The San Bernardino County Homeless Partnership 10-Year Planning Committee recommends assessing the feasibility of a Housing Trust Fund for county and local levels of government that would serve as a catalyst to develop public and private sources of funding to support the production, rehabilitation, and preservation of affordable housing.

¹⁷ “Inclusionary Housing in California: 30 Years of Innovation,” California Coalition for Rural Housing, 2003, p. 2.

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There are approximately 400 cities and counties within 40 states across the country and there are at least six (6) counties within the State of California that have created housing trust funds.¹⁸ Such funds are received through an ongoing dedicated source(s) of public funding to support the production and preservation of affordable housing. The public source of funding is usually committed through legislation or ordinance.

The San Bernardino County Homeless Partnership 10-Year Planning Committee recommends these funds be used for a variety of purposes including, but not limited to:

- Producing affordable housing including permanent supportive housing;
- Preserving affordable housing through maintenance and repairs;
- Supporting homebuyer assistance through down payment and mortgage assistance and interest subsidies;
- Providing safety net housing which includes increasing emergency shelter and transitional housing beds;
- Assisting nonprofit housing developers with pre-development funds;
- Granting "matching" funds that other public or private resources may require;
- Encouraging projects to serve low income households by giving priority status to projects serving low income households;
- Favoring projects that provide at least 30 years of long-term affordability by giving priority status to projects providing 30 years of long-term affordability;
- Encouraging projects to provide units accessible to those with disabilities and meet the requirements of the Americans with Disabilities Act (ADA) and applicable local laws by giving priority status to projects providing accessible units.

8. Homeless Management Information System

Recommendation 19: Expand the capacity of Homeless Management Information System (HMIS) so that agencies may make better use of data, decrease time and effort at intake, and enhance the planning and development functions of the Continuum of Care.

In 2004 Congress directed HUD to see that each homeless system of care establish a HMIS to obtain demographic and service-based client-level data, accurate and ideally real-time information on homeless programs and bed availability, and to develop information that may lead to improved planning of homeless services and programs. HUD designated HMIS as the primary tool to meet a Congressional directive for understanding homelessness and measuring program effectiveness. HMIS will meet the HUD standards for minimum data quality, privacy, security, and other requirements for organizations participating in HMIS.

¹⁸ See the Center for Community Change web site <http://www.communitychange.org/issues/housingtrustfunds> for a list of jurisdictions that have created housing trust funds.
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HMIS records and stores client intake and service tracking information. This information decreases duplicate intakes and assessments, streamlines referrals, coordinates case management and identifies needs and gaps in services. HMIS will serve as a tool for the 10-Year Strategy to End Homelessness, and provide data for:

- Grant Administration requirements;
- Required HUD reporting;
- Participation in field office monitoring;
- Assisting with Annual Progress Reports;
- Monitoring and promoting good data quality;
- Generating data necessary for Continuum of Care application; and
- Producing quality Annual Homeless Assessment Report (AHAR) data.

In San Bernardino HMIS has been maintained by the Community Action Partnership of San Bernardino County (CAPSBC). The challenges in implementing the HMIS with the San Bernardino Continuum of Care have been many and varied. The challenges have included:

- Limited capacity of service agencies to provide accurate and timely updates of client records and available shelter units;
- Limited capacity to utilize the data for planning and development activities;
- Limited coverage of programs and services that provide data;
- Limited data integration.

The Homeless Partnership 10-Year Planning Committee recommends organizations be encouraged to more fully participate in HMIS so that the data in the system is accurate and timely. The Homeless Partnership 10-Year Planning Committee further recommends that a dedicated staff of trained personnel should be identified and recruited to complete data entry; this may create volunteer opportunities. The Homeless Partnership 10-Year Planning Committee recommends that a quarterly and annual report of homelessness be prepared based on the data in HMIS so that trends among sub-populations and gaps in services may be identified and addressed. The Homeless Partnership 10-Year Planning Committee also recommends the current HMIS be enhanced to integrate a comprehensive assessment instrument so the system may be used to provide a “first cut” eligibility determination for various mainstream programs and to complete the forms necessary to apply for such benefits.

The Homeless Partnership 10-Year Planning Committee strongly recommends that existing data systems throughout the County be relied upon to identify at-risk and homeless populations to improve cross-systems coordination of services. This will require that agreements be developed among departments so that data may be shared. The Homeless Partnership 10-Year Planning Committee further recommends all agencies throughout the County obtain basic information whether clients are homeless upon both entry to and exit from the system in question. This data can be used to better understand how many homeless persons and families access mainstream resources, and how effective such systems may be in addressing homelessness.

9. Community Issues

Community issues are defined as legal or illegal activities by homeless persons and/or persons looking to assist them that disrupt the well-being of the community. Such issues mainly involve activities related to pan-handling, loitering, public intoxication and vagrancy.

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The Homeless Partnership 10-Year Planning Committee recognizes that the plight of homeless persons is one of the county's most visible social problems and generates complaints and demands for law enforcement services. The committee also recognizes that law enforcement faces the difficult challenge of meeting the expectations and often conflicting demands of the community leaders, business owners, residents, advocates for the homeless, social service providers, and the homeless population itself. Law enforcement has a responsibility to provide public safety to the community while keeping in mind the protection of rights, dignity, and property of the homeless population.

As a result, the Homeless Partnership 10-Year Planning Committee recommends several “guiding principles” related to law enforcement and homeless persons. They include the following:

Law enforcement officers shall be encouraged to use means of action other than a citation or an arrest for those homeless individuals that may demonstrate behavior that is necessary for daily living and life sustaining activities such as standing, sitting, eating, sleeping, or other similar activities if there is no other safe and appropriate space to carry out such activities. Officers shall be encouraged to direct homeless individuals to the appropriate social services in their community rather than jail or a citation.

The following behaviors are considered crimes and are enforceable by law enforcement:

- Aggressive panhandling;
- Vandalism;
- Trespass;
- Theft;
- Bathing in public places;
- Camping in unauthorized public and private places;
- Alcohol consumption in public;
- Entering/sleeping in vacant buildings;
- Unlawful possession of a shopping cart;
- Storing property without permission on public or private property; and
- Urination/defecation in public.

Homeless persons that enter the justice system should not be discharged into homelessness. Law enforcement personnel should attempt to identify persons who are homeless as they are booked. This means that there will need to be considerable education of public elected officials and policing authorities to implement this procedure. Prior to discharge, an appropriate social service agency should be contacted so that a social worker can interview the homeless person with the goal of linking the person to services immediately upon discharge.

Recommendation 20: Conduct periodic Homelessness 101 Training concerning community issues such as:

1. Law enforcement policies and minor and criminal behaviors by homeless persons;
2. Appropriate actions and responses by residents and business employees when confronted by minor and criminal behaviors by homeless persons;
3. Appropriate actions and responses by social service providers when contacted by law enforcement personnel, residents and business employees; and
4. Distribution of current available resources and referral contacts.

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The Homeless Partnership 10-Year Planning Committee recommends that Homelessness 101 Training sessions be conducted periodically for law enforcement personnel, court officials, and others in the criminal justice system. Such sessions would focus on developing community partnerships between social service agencies, law enforcement agencies, residents, businesses, faith communities, and other community groups. Representatives from these groups will be encouraged to attend and participate as well as homeless and formerly homeless persons. To gain support for this recommendation, the Homeless Partnership 10-Year Planning Committee recommends participating in the monthly meetings of the Police Chiefs and the County Sheriff.

The sessions will also focus on other related areas of concern identified by the Homeless Partnership 10-Year Planning Committee which include use of parks and libraries by homeless persons. In addition, the Homeless Partnership 10-Year Planning Committee recommends that community groups should be discouraged from distributing food and clothing in parks and that community groups should be encouraged to redirect their distributions to existing social service programs that serve homeless persons. The issues that are areas of concern regarding parks include:

- Sleeping in parks;
- Sleeping in cars within park parking lots;
- Bathing and washing clothes in park bathrooms;
- Alcohol and other drug use on park premises;
- Storing personal property in parks; and
- Urination and defecation in public.

The Homeless Partnership 10-Year Planning Committee recommends that existing rules and regulations concerning the activities identified above should be enforced. The committee proposes that how these rules and regulations are understood and implemented should be clearly communicated through Homeless 101 Training sessions.

The activities that were identified as areas of concern regarding libraries include:

- Sleeping on the grounds of the library;
- Bathing and washing clothes in bathrooms;
- Alcohol and other drug use on premises;
- Storing personal property on premises;
- Sleeping inside vacant buildings;
- Using tables and chairs for long periods of time; and
- Offensive or combative language and behaviors.

The Homeless Partnership 10-Year Planning Committee recommends that existing rules and regulations concerning the activities identified above should be enforced. The committee also proposes that how these rules and regulations are understood and implemented should be clearly communicated through Homeless 101 Training sessions.

Recommendation 21: Increase awareness of the collaborative Justice Courts and the alternative sentencing programs that provide alternative sentencing mechanism for defendants experiencing homelessness. The collaborative Justice Courts in San Bernardino County Superior Court include:

- Homeless Court
- Adult Drug Court
- Mental Health Court
- Veteran Court

Homeless Court

The Homeless Partnership 10-Year Planning Committee also recommends increasing the capacity of the San Bernardino County Homeless Court which helps resolve many outstanding minor offenses arising out of the condition of homelessness such as illegal camping, drinking in public, and a variety of other infractions and misdemeanors. This court should be expanded geographically so that homeless persons outside of the Ontario/Rancho Cucamonga and San Bernardino areas may participate. Moreover, it should be convened more frequently than once a month, so that a larger number of persons may benefit from this unique judicial protocol. In addition, the availability of the Homeless Court should be publicized through a comprehensive outreach strategy. This communication strategy should ensure that all homeless service providers and homeless persons are aware of the Homeless Court and it should include materials such as brochures and flyers that would be made available through web sites and electronic mailing lists. Also, awareness of the Homeless Court's services should be included within Homelessness 101 training sessions.

Adult Drug Court

The Homeless Partnership 10-Year Planning Committee also recommends increasing awareness of the alternative sentencing program provided by the San Bernardino County Adult Drug Court. The San Bernardino County Adult Drug Court is a collaborative venture between the Court, Department of Behavioral Health (DBH), Probation Department, District Attorney, and Public Defender's Office that targets felony drug abusing offenders who would otherwise be committed to state prison. Eligible participants include those convicted of non-violent drug-related offenses or non-drug offenses with a history of significant drug abuse or addiction. Offenders who have prior convictions for serious or violent felonies or who have been charged with drug sales or transportation for sale are not eligible for participation in Adult Drug Court. Upon conviction, interested participants are referred for screening by the Drug Court team. If accepted, offenders will have their sentence to state prison suspended pending successful completion of the Drug Court program.

Successful participants remain under Adult Drug Court supervision for a minimum of 18 months. Upon successful completion of the program, their suspended commitment to state prison is vacated. The Adult Drug Court program includes a data collection and analysis component to measure outcomes for both individual participants and the overall Adult Drug Court program. The overall goals of the program are to reduce state prison costs and ultimately improve public safety by offering offenders an opportunity to overcome their addiction and involvement in future criminality and to become productive members of the community.

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The Homeless Partnership 10-Year Planning Committee recommends that the communication strategy be expanded to ensure that all homeless service providers and homeless persons should be made aware of Adult Drug Court. The strategy should include materials such as brochures and flyers that would be made available through web sites and electronic mailing lists. Also, awareness of the Adult Drug Court's services should be included within the Homelessness 101 training sessions.

Mental Health Court

This therapeutic court directs those with mental health needs to available services and helps to develop plans for their successful integration into society. The Homeless Partnership 10-Year Planning Committee recommends that a communication strategy should be expanded to ensure all homeless service providers and homeless persons should be made aware of Mental Health Court. The strategy should include materials such as brochures and flyers that would be made available through web sites and electronic mailing lists. Also, awareness of the Mental Health Court's services should be included within the Homelessness 101 Training.

The Homeless Partnership 10-Year Planning Committee believes community involvement has to be further fostered in order to meet the two initial goals of the strategy, which is to 1) reduce homelessness within the County; and 2) successfully carry out the recommendations in this report. To date, community involvement in supporting homeless services has consisted of the efforts of representatives from a wide-range of community groups that have included:

- Businesses
- Coalitions and Committees
- Community Service Clubs
- Corporations
- Educational Institutions
- Faith Based Agencies/Organizations
- For-Profit Organizations
- Housing Developers
- Local Government
- Neighborhood Associations
- Non-Profit Organizations
- Private Foundations
- Individual Concerned Residents

Recommendation 22: Implement an education campaign to make the community aware of the findings, guiding principles, goals, and recommendations of this report.

It is important that the community know the extent and profile of homelessness within San Bernardino County. The Homeless Partnership 10-Year Planning Committee believes that knowing the problem exists will help generate more community support towards solving homelessness.

It is also important that the community know that there is a continuous cycle of homelessness. There are large numbers of persons who exit homelessness each year thanks to the resources and social service efforts of many local organizations and individuals. However, these persons are replaced by a large number of other persons who lose their housing and become homeless. The Homeless Partnership 10-Year Planning Committee believes that knowing the extent of the problem will help generate more community support towards solving the problem for those at-risk of becoming homeless including local homeless prevention programs.

Recommendation 23: Enlist the support of faith based organizations to help implement the goals and recommendations in this report.

Faith based organizations have a history of providing resources to homeless families and individuals. Past efforts have included providing emergency assistance, shelter, transitional housing, rental assistance, food, and affordable housing. Resources have included donations of in-kind gifts, financial gifts, and in-kind services through volunteers.

Faith based organizations should be encouraged to participate in community groups addressing homeless issues and focus efforts and resources to help implement the goals and recommendations in this report. For example, the faith based community may become involved in a countywide homeless prevention strategy designed to reduce the number of households who become homeless. Faith based organizations would be encouraged to provide such resources and assist in their distribution.

Other recommendations in this report concern programs and activities that have long been supported by members of the faith based community. The faith based community has been particularly involved in the provision of emergency shelter, emergency food programs, outreach, and case management; and their efforts should be encouraged and supported.

10. Funding the Strategy

A comprehensive list of the various public resources that are generally used to assist homeless populations appears as Appendix G of this document. Some resources are identified below.

Table 3: 2008 Allocations, San Bernardino County Entitlement Entities

| NAME | CDBG FY2008 | HOME FY2008 | Addl. FY2008 | ESG FY2008 | TOTAL |
|--------------------|-------------------|------------------|-----------------|----------------|-------------------|
| APPLE VALLEY | 630,805 | 625,516 | 4,001 | 0 | 1,260,322 |
| CHINO | 615,031 | 0 | 0 | 0 | 615,031 |
| CHINO HILLS | 423,291 | 0 | 0 | 0 | 423,291 |
| FONTANA | 1,886,229 | 599,339 | 3,364 | 83,821 | 2,572,753 |
| HESPERIA | 727,339 | 0 | 0 | 0 | 727,339 |
| ONTARIO | 2,402,676 | 926,889 | 4,929 | 107,440 | 3,441,934 |
| RANCHO CUCAMONGA | 1,013,150 | 0 | 0 | 0 | 1,013,150 |
| REDLANDS | 565,371 | 0 | 0 | 0 | 565,371 |
| RIALTO | 1,315,832 | 0 | 0 | 0 | 1,315,832 |
| SAN BERNARDINO | 3,503,520 | 1,504,168 | 9,018 | 156,661 | 5,173,367 |
| UPLAND | 700,655 | 0 | 0 | 0 | 700,655 |
| VICTORVILLE | 900,486 | 0 | 0 | 0 | 900,486 |
| SAN BERNARDINO CO. | 7,320,656 | 4,052,935 | 26,300 | 326,773 | 11,726,664 |
| TOTAL | 22,005,041 | 7,708,847 | 47,612 | 674,695 | 30,436,195 |

In addition to the entitlement funds from HUD that are noted in Table 3, a number of redevelopment agencies throughout the county have their own resources that may be used to develop and operate housing for homeless populations. As of the 2005-06 fiscal year, redevelopment agencies in San Bernardino reported to the State of California that there were:

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- \$128,000,000 in unencumbered housing funds set-aside by local redevelopment agencies throughout the County and \$6,500,000 in unencumbered but designated projects.
- Redevelopment agencies with considerable resources at hand are:
 - \$26 million in Fontana
 - \$12 million in Hesperia
 - \$15 million in Rancho Cucamonga
 - \$11 million in Redlands
 - \$11 million in Rialto
 - \$15 million in San Bernardino County

11. Measuring Performance

Adopting recommendations within this strategy provides an opportunity to break a continuous cycle of homelessness that has left thousands homeless each year, many resigned to living on the streets year after year. Therefore, in order to ensure that the recommendations and related activities are coordinated and evaluated, the San Bernardino County Homeless Partnership 10-Year Planning Committee is recommending that an Interagency Council on Homelessness for San Bernardino County be charged with these tasks.

Recommendation 24: Create an Interagency Council on Homelessness for San Bernardino County that will be charged with coordinating and evaluating policies concerning all of the recommendations and related activities within this plan.

The U.S. Interagency Council on Homelessness¹⁹ encourages states and large communities such as counties to create an interagency model at the local level in order to create and implement a 10-Year Strategy to End Homelessness. The Interagency Council on Homelessness for San Bernardino County should include the following members:

| Office / Agency | Number |
|---|--------|
| Homeless Management Information System (HMIS) Lead Agency | 1 |
| Community Action Partnership San Bernardino | 1 |
| County Supervisors | 2 |
| Elected and unelected officials representing a number of cities | 7 |
| Law Enforcement | 1 |
| Behavioral Health Department | 1 |
| Human Services | 1 |
| Public Health Department | 1 |
| Public Housing Authority | 1 |
| Probation Department | 1 |
| Specialty Courts | 1 |
| Superintendent of Schools | 1 |
| At-large (primarily nonprofit) representatives | 5 |

In addition to these voting members, the 10-year Planning Committee recommends that a number of parties be invited to participate as adjunct (non-voting) members: State elected officials and a representative of the County Office of Education.

¹⁹ The U.S. Interagency Council on Homelessness consists of Secretaries and Department heads from approximately 20 federal agencies that have some involvement in working with people who are homeless (see www.ich.gov).

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The Interagency Council should meet at least every other month with an Executive Committee meeting in intervening months. This body would be staffed by the Office of Homeless Services and would be charged with supervising the implementation of the recommendations included in this report.

Recommendation 25: Appoint the San Bernardino County Homeless Partnership 10-Year Planning Committee as an advisory body to the Interagency Council on Homelessness for San Bernardino County and appoint representative(s) of the Homeless Partnership as standing member(s) to the local Interagency Council on Homelessness.

The San Bernardino County Homeless Partnership 10-Year Planning Committee recommends appointing itself as an advisory body to the San Bernardino County Interagency Council on Homelessness. The Homeless Partnership 10-Year Planning Committee coordinates San Bernardino County's Continuum of Care system for homeless persons. Coordination has focused on applying for funding each year to HUD for Continuum of Care homeless assistance. During the past year, the amount of funding for new activities and renewal funding for existing activities was approximately \$6,000,000.

Funding for new activities included permanent supportive housing and transitional housing. Renewal funding for existing activities includes permanent supportive housing, transitional housing, and supportive services including case management and street outreach.

Coordination has also focused on implementing the annual goals and objectives that HUD requires in order to be competitive nationally for Continuum of Care homeless assistance funding. HUD requires goals and objectives include implementing homeless counts, increasing access to public assistance, and coordinating a Homeless Management Information System (HMIS) among other required goals and objectives.

To date, the Homeless Partnership 10-Year Planning Committee has representation from non-profit agencies and local government; however, more representation is needed. Representation from other community groups such as businesses, corporations, faith based agencies, for-profit organizations, neighborhood groups, the faith community, and private foundations is desired.

Resources to implement the recommendations included in this report are inadequate to the task at hand, but a number of Federal, State and local funds have been identified that (if managed strategically) can begin to fund programs and establish housing resources that over time will show an impact.

G. Priorities

Prioritization of Recommendations:

The Homeless Partnership 10-Year Planning Committee prioritized the various classes of recommendations included in this report. This body considered numerous factors in determining the priorities, such as: need; likelihood that the recommended action would result in relevant and meaningful results; and gaps in the existing service and housing systems of care. Based upon these and other considerations the committee prioritized the recommendations as follows:

- **Priority #1**
 - Homeless Prevention
 - Permanent Housing
 - Measuring Performance

- **Priority #2**
 - Outreach and Engagement System for Chronically Homeless Persons
 - Centralized Assessment and Regional Referral and Service Delivery System
 - Shorten Homelessness

- **Priority #3**
 - Community Integration Strategies
 - Income and Support Services
 - Homeless Management Information System
 - Community Issues
 - Funding the Strategy

The Homeless Partnership 10-Year Planning Committee also was of a single mind that should opportunities become available to actualize a recommended action (despite its relative lower priority), that every effort should be undertaken to pursue it. This action includes both obtaining financial resources and any necessary entitlement that may be required to proceed with a project.

Appendix A

Guiding Principles

The San Bernardino County Homeless Partnership 10-Year Planning Committee has established the following “guiding principles” to shape the findings and recommendations in this report. These principles have been based upon recent local and national studies as well as the experiences of members of the Homeless Partnership 10-Year Planning Committee. They are listed under the following action steps that serve as the primary outline of this report:

1. Homeless Prevention

- a) Helping households maintain their housing is less costly, more effective, and more humane than helping households obtain housing only after they become homeless.
- b) Increasing the chances of helping households maintain housing through early (i.e. first signs of losing housing) intervention.
- c) Integrating a case management component to emergency assistance results in more effective referrals and follow-up and reduces the risk of future instances of homelessness.

2. Community Integration Strategies

- a) Planning and intervention by case managers increases the chances of helping homeless individuals find appropriate housing and services prior to being discharged from systems of care.
- b) Coordinating a community based approach to discharge planning will result in a more effective and coordinated systems of care for persons and households at risk of homelessness.
- c) Recognizing that the problem of homelessness is multi-faceted, involving matters under jurisdictional authority of various levels of government, there is a pressing need for inter-governmental coordination to develop protocols, programs and resources to assist homeless persons and families.

3. Outreach and Engagement System for the Chronically Homeless Persons

- a) Understanding that the longer a person lives on the streets, the greater the likelihood that the underlying problems that resulted in homelessness will exacerbate.
- b) Bringing mobile service providers directly to chronically homeless persons living on the streets is a more effective way of providing access to services than extending effort to bring these same persons to the services.
- c) Linking individuals to low-demand housing through outreach minimizes the negative effects of street living, including poor mental and physical health.
- d) Active Community Treatment has proven to be an effective intervention strategy in numerous communities throughout the United States. This approach brings assessment and treatment modalities directly to homeless persons on the streets, rather than bringing them into programs to be stabilized prior to receiving services.

4. Centralized Assessment and Regional Referral and Service Delivery System

- a) Centralizing non-residential, program-based case management services linked to housing options (a “one stop” approach) is a more effective way to provide services than having homeless persons navigate multiple systems of care throughout the County.
- b) Realizing that the size of the County and the fact that many communities lack resources and accessible public transportation systems, the homeless services system of care needs to ensure geographic breadth.

5. Income and Support Services

- a) Linking people who have been re-housed with longer-term, career-based employment services assists them with the tools they need to increase earnings.
- b) Recognizing that homeless persons have a wide-range of social service needs and that case management services including domestic violence, education, employment, health care, mental health care, substance abuse, veteran benefits, and others may be required to meet their needs and permit them to remain stably housed.

6. Shorten Homelessness

- a) Implementing a “Housing First” approach addresses immediate barriers to housing through home-based case management so that a homeless person's service needs do not delay his or her entry into permanent housing or permanent supportive housing.
- b) Executing a “rapid exit” strategy that focuses on early identification and resolution of the barriers to housing through case management facilitates the return of a homeless person to permanent housing as quickly as possible.

7. Permanent Housing

- a) Remaining stably housed in an affordable unit means that households should not spend more than 30 percent of their monthly income on their basic housing needs (including rent/mortgage and utilities).
- b) Recognizing that chronic homeless individuals 1) have a permanent disability; 2) are often incapable of fully addressing barriers to gainful employment; 3) need on-going supportive services; and 4) are in need of permanent supportive housing with on-site and/or off-site social services if they are to obtain and remain stably housed.
- c) Supporting the development of, and access to, permanent housing affordable to homeless and formerly homeless persons.

8. Homeless Management Information System (HMIS)

- a) Gathering accurate and current data is essential for communities for proper planning of homeless services and HMIS can be a useful tool to evaluate program effectiveness and to measure outcomes.
- b) Having an effective HMIS can be a useful tool allowing case managers of various agencies to coordinate services, track utilization and costs and plan an effective Continuum of Care.
- c) Having a fully functioning HMIS can be a useful tool to identify at-risk populations and to render assistance to prevent homelessness.

A comprehensive and well-balanced system of care that will effectively achieve the goal of ending homelessness will require that agencies set-aside their particular interests for the common good and be consistent with these guiding principles.

9. Community Issues

- a) Law enforcement is most often left with the task of addressing disruptive activities by the homeless and therefore must be mindful of the protection of rights, dignity, and poverty of the homeless population.
- b) Law enforcement officers shall be encouraged to use means of action other than a citation or an arrest for those homeless individuals that may demonstrate behavior that is necessary for daily living.
- c) Officers are encouraged to refer homeless clients to the appropriate social services.

10. Funding the Strategy

- a) The implementation of this plan will require the use of various funding sources including but not limited to federal resources and funds that are currently held locally.

11. Measuring Performance

- a) The formation of a local Interagency Council on Homelessness will help to measure and track implementation and performance.
- b) With the support of the 10-Year Plan Committee, the Interagency Council on Homelessness will ensure that activities aimed at ending homelessness will be coordinated and evaluated.

Appendix B

10-Year Strategy Participants

| NAME | | ORGANIZATION |
|----------------|-----------|--|
| Alston | Sharon | San Bernardino County Department of Behavioral Health |
| Altenburg | Jeannetta | Chino Valley Unified School District |
| Ashton | Marilyn | San Bernardino County Department of Behavioral Health |
| Atkins | Marci | San Bernardino City Police Department |
| Ball | Stephen | Salvation Army |
| Bankowski | Linda | Arrowhead Regional Medical Center |
| Beamon | Reggie | Congressman Joe Baca's Office |
| Benner | Susanna | Housing Authority of San Bernardino County |
| Bivona-Tellez | Christina | Hospital Association of Southern California |
| Bossieux | Andre | San Bernardino County Department of Behavioral Health |
| Bovee | Brenda | San Bernardino County Human Services Program Development Division |
| Briggs | Christine | High Desert United Way |
| Burton | Linda | Community Assistance Program of the Water of Life Church / City of Fontana |
| Caldwell | Vivian | Your Life's New Direction |
| Candelaria | Josh | San Bernardino County Legislative Affairs |
| Chambers-Munoz | Colleen | San Bernardino County Veterans Affairs |
| Ciabattini | Lori | San Bernardino County Human Services Administration |
| Cima | Debbie | Superior Court - San Bernardino County |
| Claytor | Joanne | St. Bernardine's Medical Center |
| Close | Jean | St. Bernardine's Medical Center |
| Colletti | Joseph | Consultant |
| Collins | Allan | Inland Empire United Way |
| Collins | Liliana | City of Victorville |

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| NAME | | ORGANIZATION |
|-------------------|----------|---|
| Concepcion | Rowena | Community Action Partnership of San Bernardino County |
| Coronado | Maria | San Bernardino County Department of Behavioral Health |
| Couchot | Steve | San Bernardino County Transitional Assistance Department |
| Courtney | Paul | San Bernardino County Sheriff's Department |
| Cuellar | Bertha | San Bernardino County Public Health Department |
| Daniel | Robert | The Dorothy House |
| Daniel | Sylvia | The Dorothy House |
| Davis | Melva | Adelanto School District |
| Dobrick | Julie | Saint John of God |
| Dollar | Norman | San Bernardino County Children and Family Services |
| Dorman | Regina | San Bernardino County Human Services Program Development Division |
| Dowdall | Jerry | San Bernardino County Department of Behavioral Health |
| Dowdy | Brenda | San Bernardino County Superintendent of Schools |
| Drieberg | Leanne | Inland Temporary Homes |
| Drumwright | Tranda | City of Rancho Cucamonga |
| Dugas | Earl | San Bernardino County Veterans Affairs |
| Egan | Sharron | San Bernardino County Probation Department |
| Ellis | Alesia | Training with Pay |
| Emelue | Peter | Inland Counties Legal Services |
| Faulkner | Cindy | First 5 of San Bernardino |
| Fazekas | Doug | San Bernardino County Department of Behavioral Health |
| Flores | Norma | Inland Behavioral and Health Services |
| Fox | Diana | Reach Out West End |
| Gilbert-Hamerling | Geoffrey | Consultant |
| Gonzalez | Amanda | Vista Guidance Centers |
| Graham | Mark | Abundant Living Family Church |

San Bernardino County

| NAME | | ORGANIZATION |
|-----------|-----------|--|
| Hager | Karl | State of California Department of Rehabilitation |
| Haire | Phalos | San Bernardino County Office of Homeless Services |
| Hamilton | Christy | San Bernardino County Office of Homeless Services |
| Hamilton | Wayne | Morongo Basin Unified School District |
| Hamman | Karol | San Bernardino County Human Services Administrative Support Division |
| Hartnett | Bob | Social Security Administration |
| Heesen | Cheryl | Family Service Association of Redlands |
| Hernandez | Tom | San Bernardino County Chief Administrative Office (CAO) |
| Huynh | Tuan | Community Action Partnership of San Bernardino County |
| Jackson | Glenda | San Bernardino County Department of Aging and Adult Services |
| Jackson | Isaac | San Bernardino County Office of Homeless Services |
| Kennedy | Mischa | Inland Counties Legal Services |
| Layseca | Gabrela | Ontario-Montclair School District |
| Lee | Vicki | San Bernardino City Unified School District |
| Limon | Vivien | Peer and Family Advocate (DBH) |
| Linares | Regina | San Bernardino County Office of Homeless Services |
| Macias | Hector | Ontario-Montclair School District |
| Madden | Gary | Inland Empire United Way |
| Mambo | Christine | Sunflower Community Services |
| Mardis | Christine | San Bernardino County 5 th District Supervisor Jose Gonzales Office |
| Martinez | Kristen | San Bernardino County Department of Behavioral Health |
| Martinez | Lilia | Chino Valley Unified School District |
| Mayer | Gail | Veterans Affairs |
| McQueen | Miguel | San Bernardino County Workforce Development Department |
| McSwain | Vickie | Returning Home Inc. |
| Miller | Leslie | Morongo Basin ARCH |
| Mooney | Bonnie | Ontario-Montclair School District |

San Bernardino County

| NAME | | ORGANIZATION |
|--------------|----------|--|
| Moseley | Bill | San Bernardino County Veterans Affairs |
| Mullaly | Laurel | Chino Valley Unified School District |
| Munoz | Daniel | San Bernardino County Human Services Administrative Support Division |
| Myles | Angela | House of Prayer |
| Myles | Victor | House of Prayer |
| Neuenswander | Lynn | San Bernardino County Department of Behavioral Health |
| Nickols | Patricia | Community Action Partnership of San Bernardino County |
| Olivares | Deana | Inland Empire United Way |
| Ostrinski | Telice | San Bernardino City Unified School District |
| Owens | Regina | San Bernardino County Department of Behavioral Health |
| Pasco | Angela | New Hope Village |
| Paxton | Kent | City of San Bernardino |
| Prologo | Joe | San Bernardino County Preschool Services Department |
| Rochelle | Margaret | Inland Behavioral and Health Services |
| Rockett | Steve | State of California Department of Rehabilitation |
| Rodarte | Anna | City of Chino |
| Roddick | Bob | Inland Counties Legal Services |
| Rogers | Jim | San Bernardino County Children and Family Services |
| Rogers | Margaret | House of Prayer |
| Rollins | Janice | Restore to Hope |
| Roy | Lynne | Redlands Community Hospital |
| Saldana | Robert | San Bernardino County Human Services Administrative Support Division |
| Scott | Beverly | Morongo Basin ARCH |
| Smith | Shirili | Community Member |
| Staab | Sarah | Chino Valley Unified School District |

San Bernardino County

| NAME | | ORGANIZATION |
|------------|---------|--|
| Stark | Ron | Mental Health Systems Inc |
| Stewart | Sheree | San Bernardino County Sheriff's Department |
| Straka | Pauline | San Bernardino County Office of Homeless Services |
| Swanson | Nancy | San Bernardino County Transitional Assistance Department |
| Thomas | Ruby | Restore to Hope - Hope House |
| Torres | Jess | Inland Fair Housing and Mediation Board |
| Torres | Lisa | San Bernardino County Superintendent of Schools |
| Trotter | Jack | San Bernardino County Sheriff's Department |
| Valenzuela | Jesse | Congressman Joe Baca's Office |
| Watson | Eileen | Chaffey Joint Union High School District |
| Wentworth | Crista | San Bernardino County Office of Homeless Services |
| White | Yolanda | Arrowhead Regional Medical Center |
| Williams | Josie | San Bernardino County Department of Behavioral Health |
| Witcher | Chanese | San Bernardino County Human Resources |
| Wynn | Rebecca | San Bernardino County Department of Behavioral Health |

Appendix C

The “Hidden” Costs of Homelessness (Partial List)

A. Health Related Services and Costs:

| Unit of Service | Cost per Unit of Service |
|--|---------------------------|
| 1. Emergency Room Visit (not admitted) | \$1,200 - \$1,400 |
| 2. Ambulance Fee | \$500 - \$1,000 (one way) |
| 3. Inpatient Stay | \$7,940 |
| 4. Clinic Visit | \$100 - \$150 |
| 5. Veteran’s Hospital | \$500 |
| 6. Psychiatric Hospital | \$400 - \$600 |
| 7. Detox Treatment | \$100 - \$150 |
| 8. Substance Abuse Treatment – Non-Residential | \$50 - \$75 |
| 9. Substance Abuse Treatment - Residential | \$100 - \$150 |

B. Incarceration Related Services and Costs:

| Unit of Service | Cost per Unit of Service |
|------------------------------------|--------------------------|
| 1. Response (non-arrest) | \$100 |
| 2. Arrest | \$200 - \$300 |
| 3. Incarceration - Jail | \$100 - \$150 |
| 4. Incarceration - Prison | \$75 - \$100 |
| 5. Court Hearings | \$500 - \$750 |
| 6. Complete Probation Successfully | \$6,000 - \$7,500 |

C. Basic Emergency Related Services and Costs:

| Unit of Service | Cost per Unit of Service |
|--|--------------------------|
| 1. Year-Round Shelter (no case management) | \$30 per night |
| 2. Winter Shelter | \$15 per night |
| 3. Transitional Housing | \$40 - \$500 per night |
| 4. Motel Voucher | \$60 - \$80 per night |

Appendix D

Homeless Prevention and Rapid Re-Housing Program (HPRP) Grantees within each Southern California County

| Southern California County and Jurisdictional Grantees | Allocation Amounts |
|---|-----------------------|
| Kern County: | |
| Bakersfield | \$1,372,351 |
| Kern County | \$2,076,503 |
| Total: | \$3,448,854 |
| Los Angeles County: | |
| Alhambra | \$567,605 |
| Baldwin Park | \$605,041 |
| Compton | \$848,514 |
| Downey | \$611,834 |
| El Monte | \$1,110,506 |
| Glendale | \$1,346,899 |
| Hawthorne | \$703,261 |
| Huntington Park | \$656,002 |
| Inglewood | \$918,344 |
| Lancaster | \$564,646 |
| Long Beach | \$3,566,451 |
| Los Angeles | \$29,446,304 |
| Los Angeles County | \$12,197,108 |
| Lynwood | \$646,575 |
| Norwalk | \$633,782 |
| Palmdale | \$615,530 |
| Pasadena | \$908,395 |
| Pomona | \$1,164,766 |
| Santa Monica | \$533,576 |
| South Gate | \$865,273 |
| Total: | \$58,510,412 |
| Orange County: | |
| Anaheim | \$2,046,908 |
| Costa Mesa | \$560,237 |
| Fullerton | \$622,710 |
| Garden Grove | \$1,068,707 |
| Huntington Beach | \$566,611 |
| Irvine | \$540,656 |
| Orange | \$545,636 |
| Orange County | \$1,556,026 |
| Santa Ana | \$2,831,989 |
| Westminster | \$511,454 |
| Total: | \$10,850,934 |

San Bernardino County

| Southern California County and Jurisdictional Grantees | Allocation Amounts |
|--|-------------------------------|
| Riverside County: | |
| | |
| Moreno Valley | \$732,872 |
| Riverside | \$1,383,070 |
| Riverside County | \$4,276,900 |
| | |
| San Bernardino County: | |
| | |
| Fontana | \$783,380 |
| Ontario | \$997,869 |
| Rialto | \$546,485 |
| San Bernardino | \$1,455,066 |
| San Bernardino County | \$3,040,382 |
| Total: | \$6,823,182 |
| | |
| San Diego County: | |
| | |
| Chula Vista | \$819,738 |
| El Cajon | \$512,686 |
| Escondido | \$709,782 |
| Oceanside | \$742,791 |
| San Diego | \$6,168,104 |
| San Diego County | \$1,925,974 |
| Total: | \$10,879,075 |
| | |
| San Luis Obispo County: | |
| | |
| San Luis Obispo County | \$855,184 |
| Total: | \$855,184 |
| | |
| Santa Barbara County: | |
| | |
| Santa Barbara County | \$829,013 |
| Santa Maria | \$521,839 |
| Total: | \$1,350,852 |
| | |
| Ventura County: | |
| | |
| Oxnard | \$1,124,994 |
| Ventura County | \$826,094 |
| Total: | \$1,951,088 |
| | |
| Southern California Counties and Jurisdictional Grantees: | |
| Total: | \$101,081,623 |

Appendix E

Recovery Act investments in HUD programs

1. Promoting Energy Efficiency and Creating Green Jobs

These investments are powerful vehicles for economic recovery because they work quickly, are labor-intensive, create jobs where they are needed most, and lead to lasting neighborhood benefits. Many will also reduce greenhouse gas emissions and save Americans money by retrofitting housing to make it more energy efficient.

- **Public Housing Capital Fund:** \$4 billion invested in energy efficient modernization and renovation of our nation's critical public housing inventory.
- **Native American Housing Block Grants:** \$510 million invested in energy efficient modernization and renovation of housing maintained by Native American housing programs, and the development of sustainable communities.
- **Assisted Housing Energy Retrofit:** \$250 million invested in energy efficient modernization and renovation of housing of HUD-sponsored housing for low-income, elderly, and disabled persons.
- **Lead Hazard Reduction:** \$100 million invested in lead based paint hazard reduction and abatement activities.

2. Supporting Shovel-Ready Projects and Assisted Housing Improvements

These investments will support a broad range of housing and community development projects that are ready to go. Many of these projects have been held up for lack of private investment due to fallout from the broader economic crisis and credit crunch.

- **Tax Credit Assistance Program:** \$2.25 billion invested in a special allocation of HOME funds to accelerate the production and preservation of tens of thousands of units of affordable housing.
- **Community Development Block Grants:** \$1 billion for approximately 1,200 state and local governments to invest in their own community development priorities. Most local governments use this investment to rehabilitate affordable housing and improve key public facilities – stabilizing communities and creating jobs locally.
- **Project-Based Rental Assistance:** \$2 billion invested in full 12-month funding for Section 8 project-based housing contracts. This funding will enable owners to undertake much needed project improvements to maintain the quality of this critical affordable housing.

3. Promoting Stable Communities and Helping Families Hardest Hit by the Economic Crisis

These investments will help communities and families that have experienced the brunt of the economic downturn. Resources will be used to stabilize and revive local neighborhoods and housing markets with heavy concentrations of foreclosed properties. Funds will also assist the vulnerable families and individuals who are on the brink of homelessness or have recently become homeless.

- **Neighborhood Stabilization Program:** \$2 billion invested in mitigating the impact of foreclosures through the purchase and rehabilitation of foreclosed, vacant properties in order to create more affordable housing and renew neighborhoods devastated by the economic crisis.
- **Homelessness Prevention:** \$1.5 billion invested in preventing homelessness and enabling the rapid re-housing of homeless families and individuals, helping them re-enter the labor market more quickly and preventing the further destabilization of neighborhoods.

Appendix F

Transparency and Accountability: Requirements for Recipients of Recovery Act Funds

The American Recovery and Reinvestment Act (ARRA) of 2009 establishes new requirements for applicants and grantees to allow direct recipients and sub-awardees to adequately prepare for, and meet these new requirements, HUD is providing the following guidance:

1. Grantees and first tier sub-awardees receiving HUD ARRA funding must have a DUNS number and must be registered in the Central Contractor Registration (CCR). Find information on how to obtain a DUNS number and register in CCR www.ccr.gov/startregistration.aspx. As they plan their programs, applicants and grantees should immediately advise all planned first tier sub-awardees of the requirement to obtain or update their DUNS number, and register with the CCR.
2. Each Prime and first tier recipient is required to report the following information to HUD 10 days after the end of each calendar quarter, starting on June 10th, 2009. These reports include:
 - a. The total amount of recovery funds received from HUD;
 - b. The amount of recovery funds received that were expended or obligated to projects or activities. This reporting must also include unobligated balances to facilitate reconciliations.
 - c. A detailed list of all projects or activities for which recovery funds were expended or obligated, including:
 - i. The name of the project or activity;
 - ii. A description of the project or activity;
 - iii. An evaluation of the completion status of the project or activity;
 - iv. An estimate of the number of jobs created and the number of jobs retained by the project or activity; and
 - v. For infrastructure investments made by State and local governments, the purpose, total cost, and rationale of the grantee for funding the infrastructure investment with funds made available under ARRA, and the name and contact information of the person to contact at the agency if there are concerns with the infrastructure investment.

3. Detailed information on any subcontracts or sub-grants awarded by the recipient must include the data elements in the format required to comply with the Federal Funding Accountability and Transparency Act of 2006 (P.L. 109-282), allowing aggregate reporting on awards below \$25,000 or to individuals, as prescribed by the Director of the Office of Management and Budget. The data elements required for the Federal Funding Accountability and Transparency Act are:
 - a. The name of the entity receiving the award;
 - b. The amount of the award;
 - c. Information on the award including the transaction type, funding agency, the North American Industry Classification System (NAICS) code or Catalog of Federal Domestic Assistance (CFDA) number (where applicable), program source, and an award title descriptive of the purpose of each funding action;
 - d. The location of the entity receiving the award and primary location of performance under the award, including the city, state, congressional district, and country;
 - e. A unique identifier of the entity receiving the award and of the parent entity of the recipient (the DUNS number), should the entity be owned by another entity; and
 - f. Any other relevant information specified by Office of Management and Budget (OMB) or HUD such as the grant number of the parent award under which the sub-award was made, and the funding tier which the sub-award was made.
4. Under this agreement Recovery Act requirements apply down to all recipient tier levels, with the exception of sub-recipient reporting as identified above, which is limited to the Prime recipient and the first tier sub-recipient.
5. Recovery Act funds under this agreement can be used in conjunction with other funding as necessary to complete projects, but tracking and reporting must be separate to meet the reporting requirements of the Recovery Act and OMB Guidance.
6. For fiscal years ending September 30, 2009 and later, all Single Audit reports filed with the Federal Audit Clearinghouse (FAC) will be made publicly available on the Internet. A link will be provided from Recovery.gov.

Appendix G

Public Funding Sources and Programs (Resource Grids)

The resource grids that follow were created to provide an overview of the predominant resources used to develop and operate housing for homeless populations. The resource grid also includes a summary of the primary sources used to provide supportive social services to homeless persons. The grid is divided into three parts: development, operations, and supportive social services. Each section contains information on the name of each program or resource, its funding source, and the administrative agencies involved in its allocation and compliance. Each section also includes a description of the eligible uses of the funds, the eligible populations to be served, match requirements (if any) and the source of the regulations governing the resource.

A key appears on the bottom of each page to help identify the eligible populations. Explanatory notes also appear on each page.

The resource grid may be used as a starting point to understand the range of funding available to address the needs of specific homeless populations or to develop a type of housing. It is intended as a tool to guide understanding and direct attention of parties interested in a specific facet of development related to homelessness.

CODE TO SUB-POPULATIONS

SMI = Serious Mental Illness

SA = Substance Abuse

HIV = HIV & AIDS

DD = Developmental Disability

CH = Other Chronic Health Condition (e.g. Hepatitis-C)

VETS = Veterans

San Bernardino County

| Operations | | OPERATING SUBSIDIES | | | | | | | |
|--|---------------------|----------------------------|----------------------|-------------------|------------------|-------------------|----------------------|-------------------|--------------------|
| Rental Assistance & Subsidy Programs | | Homeless Prevention | Operating Assistance | Rental Assistance | Property Leasing | Emergency Shelter | Transitional Housing | Permanent Housing | Supportive Housing |
| Emergency Food and Shelter Program | FEMA | | x | | | x | x | | |
| Emergency Housing and Assistance Program-- Operations | Cal HCD | | x | | x | x | x | | |
| Federal Emergency Shelter Grant (ESG) | HUD--McKinney-Vento | x | x | | x | | | | |
| Housing Opportunities for Persons with AIDS (HOPWA) | HUD | x | x | x | x | | | | |
| HUD-VA Supported Housing (VASH) Program | HUD/DVA | | | x | | | | x | x |
| Public Housing | HUD | affordable rental housing | | | | | | x | x |
| Section 8 Housing Choice Voucher Program | HUD/EDA | | | x | | | | x | x |
| Section 8 Moderate Rehabilitation for SROs | HUD--McKinney-Vento | | | x | | | | x | x |
| Shelter Plus Care Program | HUD--McKinney-Vento | | | x | | | | x | x |
| Supportive Housing Program -- McKinney Vento (SHP) | HUD--McKinney-Vento | | x | | x | | x | | x |
| Transitional Living Program for Older Homeless Youth (TLP) | HHS | | x | | x | x | x | | |
| VA Homeless Providers Per Diem Program | DVA | | x | | | x | x | | |

| Supportive Social Services | | FUNDING FOR SOCIAL SERVICES | | | | | | | | |
|--|-------------|------------------------------------|-----------------|-----------------------|----------------|-----------------|---------------------|-------------|-----------|-------|
| Social Services Funding | | Mental Health | Substance Abuse | Employment Assistance | Transportation | Case Management | Medical Serv. /AIDS | Life Skills | Childcare | Other |
| FORMULA / BLOCK GRANTS | | | | | | | | | | |
| Child Care & Development Block Grant (CCDB) | HHS | | | | | | | | x | |
| Community Development Block Grant (CDBG) | HUD | x | X | x | x | x | x | x | | |
| Community Mental Health Services Block Grant (CMHS) | HHS | x | x | x | x | x | | x | | |
| Community Services Block Grant (CSBG) | HHS | | x | x | x | x | | x | x | |
| Education for Homeless Children and Youth | DoE | | | | x | x | | | x | x |
| Federal Emergency Shelter Grant (ESG) | HUD | | | | x | x | | | | |
| Housing Opportunities for Persons with AIDS (HOPWA) | HUD | x | x | x | x | x | x | x | x | |
| Medicaid (Medi-Cal) | SSA | x | x | | | x | x | | | |
| Mental Health Services Act (MHSA) | Cal. DMH | x | x | x | x | x | x | x | x | |
| Projects for Assistance in Transition from Homelessness (PATH) | HHS/SAMHSA | x | x | x | x | x | | x | | x |
| Ryan White | Cal. DH | x | x | | x | x | x | x | x | x |
| Social Services Block Grant (SSBG) | HHS | | x | x | x | x | | x | | |
| Substance Abuse Prevention & Treatment Block Grant (SAPT) | HHS | x | x | x | x | x | | x | | |
| Temporary Assistance for Needy Families (TANF/CalWORKs) | SSA/Cal DSS | x | x | x | x | x | | x | x | x |

San Bernardino County

| CATEGORIAL FUNDING | | Mental Health | Substance Abuse | Employment Assistance | Transportation | Case Management | Medical Serv. /AIDS | Life Skills | Childcare | Other |
|--|---------|---------------|-----------------|-----------------------|----------------|-----------------|---------------------|-------------|-----------|-------|
| Emergency Housing and Assistance Program-- (EHAP) | Cal HCD | | | | x | x | | | | |
| Health Care for the Homeless | HHS | x | x | | x | x | x | | | |
| Minority SAP & HIV Prevention Services Program | HHS | x | x | | | x | x | | | |
| Supportive Housing Program -- McKinney Vento (SHP) | HUD | x | x | x | x | x | x | x | x | |
| Targeted Capacity Expansion (TCE) | HHS | | x | | | | | | | |
| Transitional Living Program for Older Homeless Youth (TLP) | HHS | x | x | x | x | x | x | x | x | x |
| Treatment for Homeless Persons | HHS | x | x | x | x | x | | x | | |
| VA Homeless Providers Per Diem Program | DVA | x | x | x | x | x | x | x | x | x |

Appendix H

Glossary

Assertive Community Treatment (ACT) Team – ACT is a team treatment approach designed to provide comprehensive, case management based social services to persons living on the streets and after they are placed in permanent housing, if necessary. Services include health care, mental health care, and substance abuse treatment.

At-Risk of Homelessness – At-risk homeless is generally defined as any household that pays more than 30 percent of its income on basic housing costs that include rent/mortgage and utilities.

Affordable Housing – Affordable housing refers to housing costs that do not exceed 30% of the gross annual household income for extremely low, very low, low, and moderate income households. For a rental unit, total housing costs include the monthly rent payment as well as utility costs. With for-sale units, total housing costs include the mortgage payment (principal and interest), utilities, homeowner's association dues, taxes, mortgage insurance, and any other related assessments.

Americans with Disability Act (ADA) – ADA is a Federal Civil Rights law enacted in 1990. It protects qualified persons with disabilities from discrimination in employment, government services and programs, transportation, public accommodations, and telecommunications. The ADA supplements and complements other federal and state laws which protect persons with disabilities.

Area Median Income – Area median income is used to determine the eligibility of applicants for both federally and locally funded programs. It sets the maximum limit that a household can earn to be eligible for program benefits. Income limits are calculated for specific geographic areas based on HUD estimates of median family income with adjustments for family size.

Chronically Homeless – A person who is chronically homeless is defined as an unaccompanied individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.

Community Development Block Grant Program (CDBG) – The CDBG was authorized by the Housing and Community Development Act of 1974. CDBG provides eligible metropolitan cities, urban counties (called "entitlement communities"), and states with annual direct grants to revitalize neighborhoods, expand affordable housing and economic opportunities, and/or improve community facilities and services, principally to benefit low- and moderate-income persons.

Continuum Of Care (CoC) System – The fundamental components of a Continuum of Care system are emergency shelters that offer essential services to ensure that homeless individuals and families receive basic shelter needs; transitional housing with appropriate supportive services to give families the shelter and services they need while they learn the skills necessary to transition to permanent housing; and permanent supportive housing which provides on-site and/or off-site social services to residents.

Continuum of Care Planning Body – The Continuum of Care Planning Body, also referred to as the Continuum of Care, is an entity that plans for homeless assistance in a local community. In order for communities to be competitive to receive HUD McKinney-Vento Act funds for homeless assistance, it must organize a diverse body of stakeholders to plan for the programs and services to be delivered. Members of the planning body include a majority of a community's or region's non-profit and faith based homeless service providers, and may also include law enforcement, hospitals, local colleges and universities, local government, churches, etc.

Community Service Block Grant program (CSBG) – The CSBG provides States and recognized Indian Tribes with funds to provide a range of services to address the needs of low income individuals to ameliorate the causes and conditions of poverty. The CSBG is administered by the Division of State Assistance in the Office of Community Services (OCS) of the U.S. Department of Health and Human Services.

Disability – A disability is defined as a physical or mental impairment that substantially limits one or more major life activities. A person is considered disabled if the person has such a physical or mental impairment, has a record of such impairment, or is regarded as having such an impairment. "Disability" covers a wide range of conditions and includes mobility, vision, hearing, or speech impairments, learning disabilities, chronic health conditions, emotional illnesses, AIDS, HIV positive, and a history of alcoholism or prior substance abuse.

Discharge Planning – Discharge Planning refers to actions taken with a homeless person prior to discharge from a public or private system of care to help ensure that the person is not discharged into homelessness.

Emergency Assistance – Emergency Assistance is assistance that attempts to prevent homelessness or that attempts to meet the emergency needs of homeless individuals and families, including prevention, outreach and assessment, and emergency shelter.

Emergency Shelter – Emergency Shelter refers to short-term shelter (usually for 30 days or less) for emergency situations such as winter shelters and motel vouchers.

Episodic Homelessness – Episodic homelessness affects approximately 10% of homeless persons and applies to a person who experiences periodic incidents of homelessness, generally for short periods of time.

Emergency Shelter Grant (ESG) – ESG is a federal grant program designed to help improve the quality of existing emergency shelters for the homeless, to make available additional shelters, to meet the costs of operating shelters, to provide essential social services to homeless individuals, and to help prevent homelessness.

Fair Market Rents (FMR) – FMRs are schedules published in the Federal Register establishing maximum eligible rent levels allowed under the Section 8 rental assistance and HUD housing financing programs by geographic area.

HUD’s HOME Investment Partnership Act – HUD’s HOME program provides block grant funds to local governments and states for new construction, rehabilitation, acquisition of affordable housing, assistance to homebuyers, transitional housing and tenant-based rental assistance.

Homeless – The HUD definition of Homeless is: (a) an individual or family which lacks a fixed, regular, and adequate nighttime residence; or (b) an individual or family which has a primary nighttime residence that is: (1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for persons with mental illness); (2) an institution that provides a temporary residence for individuals intended to be institutionalized; or (3) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. (4) The term does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a State law. In addition, the HUD definition includes persons who will be discharged from an institution, such as a jail or mental health hospital, within seven days, yet that person does not have an identified place to live upon discharge.

Homeless Management Information System (HMIS) – HMIS is a computerized data collection application designed to capture client level information over time on the characteristics and service needs of people experiencing homelessness, while also protecting client confidentiality. It is designed to aggregate client level data to generate an unduplicated count of clients served within a community’s system of homeless services.

Housing Opportunities for Persons with AIDS (HOPWA) – HOPWA was established by HUD to address the specific needs of persons living with HIV/AIDS and their families. HOPWA makes grants to local communities, state, and nonprofit organizations for projects that benefit low income person medically diagnosed with HIV/AIDS and their families.

Housing Trust Fund – The Housing Trust Fund a revenue source for the creation of affordable homes, including development and/or rental support.

Housing First – Housing First is a new model of homeless services that involves moving persons directly from the streets and placing them into permanent housing accompanied by intensive services. Initially a research project, this model has been shown to be very effective with persons who are chronically homeless and cost neutral to communities. This model has also been shown to work well with families and young adults who are homeless.

Housing and Urban Development (HUD) – The U.S. Department of Housing and Urban Development, first created in 1937 to respond to the need for housing for every American. The primary areas of focus for HUD include creating opportunities for homeownership; providing housing assistance for low-income persons; working to create, rehabilitate and maintain the nation’s affordable housing; enforcing the nation’s fair housing laws; helping the homeless; spurring economic growth in distressed neighborhoods; helping local communities meet their development needs.

Inclusionary Housing – Inclusionary Housing is a policy that requires or encourages developers to include a minimum percentage of affordable homes within new developments.

Interagency Council of Homelessness – Congress established the Interagency Council on Homelessness in 1987 with the passage of the Stewart B. McKinney Homeless Assistance Act. The Council is responsible for providing Federal leadership for programs to assist persons experiencing homelessness.

Linkage Fee – A Linkages fee is generally a “housing” impact fee that is administered to collect monies from new commercial and industrial developments to provide for affordable housing. Linkage fees are premised on the basis that lower-wage workers, who are needed to build and work in new non-residential development, also need to be able to afford adequate housing within the community.

In Lieu Fee – An In Lieu Fee is a payment of a fee in lieu of all or some of the inclusionary units required by an inclusionary housing ordinance. The amount of the fee is usually calculated using a fee schedule and is set aside for use towards the costs of affordable housing.

Lower-income Household – A lower-income household refers to low-, very low- and extremely low income households as determined annually by the U.S. Department of Housing and Urban Development (HUD).

- **Extremely Low Income:** A household whose gross annual income is equal to or less than 30 percent of the median income for County;
- **Very Low Income:** A household whose gross annual income is more than 30 percent but does not exceed 50 percent of the median income for County;
- **Low Income:** A household whose gross income is more than 50 percent but does not exceed 80 percent of the median income for County.

Low Income Housing Tax Credits (LIHTC) – LIHTC is a way of obtaining financing to develop low-income housing. Government programs provide dollar-for-dollar credit toward taxes owed by the housing owner. These tax credits can be sold, or used to back up bonds that are sold, to obtain financing to develop the housing.

Mainstream Resources – Mainstream resources refers to federal and state-funded programs generally designed to help low-income individuals either achieve or retain their economic independence and self-sufficiency. Programs provide for housing, food, health care, transportation, and job training.

Moderate Income – Moderate income refers to a household income that is more than 80 percent but does not exceed 120 percent of the median income for the County.

Median Household Income – Median household income divides households into two equal segments with the first half of households earning less than the median household income and the other half earning more.

Permanent Supportive Housing – Permanent supportive housing is permanent housing with services. The type of services depends on the needs of the residents. Services may be short-term, sporadic, or ongoing indefinitely. The housing is affordable and intended to serve persons who have very low incomes.

Safe Haven – Safe Haven is a facility that provides shelter and services to hard-to-engage persons who are homeless and have serious mental illness who are on the streets and have been unable or unwilling to participate in supportive services. Safe Havens usually follow a “harm reduction” model of services.

Shelter – Shelter is temporary housing (up to 90 days) with varying levels of services to help residents obtain and maintain appropriate permanent housing.

Single Room Occupancy (SRO) – SRO refers to housing units that are an affordable housing option for very low income and homeless individuals and are typically single room units with a bed, small refrigerator, and a microwave.

Supplemental Security Income (SSI) – SSI is a federal income supplement program providing monthly financial payments to persons with disabilities. For most persons on SSI, this is their only source of income, and thus severely limits housing options.

Supplemental Resources – Supplemental resources consist of a wide-range of resources and services that help households at-risk of becoming homeless from becoming homeless.

Supportive Services – Supportive services consist of services such as case management, medical or psychological counseling and supervision, child care, transportation, and job training provided for the purpose of facilitating people’s stability and independence.

Transitional Housing – Transitional housing is designed to provide housing and appropriate supportive services to homeless persons and families and has the purpose of facilitating the movement of individuals and families to independent living within a time period of (generally) no more than two (2) years.

Wraparound (Supportive) Services – Wraparound supportive services refers to services that are provided to residents of supportive housing for the purpose of facilitating the independence of residents. Some examples are case management, medical or psychological counseling and supervision, child care, transportation, and job training.