

**Recalibrating for Results:
A Three Year Evaluation of the 2009–2019
San Bernardino County 10-Year Strategy to End Homelessness**

This report was prepared for the
San Bernardino County Interagency Council on Homelessness

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This report outlines the action steps to recalibrate the County's 10-Year Strategy as the result of a recent evaluation overseen by the San Bernardino County Homeless Provider Network (HPN) committee chairs in cooperation with the San Bernardino County Office of Homeless Services and the Institute for Urban Initiatives. The evaluation began in January, 2011 and ended in June, 2012. The 10-Year Strategy was adopted three years earlier in June, 2009. HPN committees that helped with the evaluation include:

- Housing Services;
- Outreach and Engagement;
- Funding;
- Discharge Planning;
- Income and Support Services; and
- Planning and Evaluation.

Currently, the 10-Year Strategy consists of 25 recommendations which are outlined below. Through advocacy and continued collaboration, the San Bernardino County Homeless Partnership completely, or partially, accomplished several of the 25 recommendations. As a result, the HPN Committee proposed that some of the current recommendations be continued, expanded upon, or folded into new recommendations. The Committee also recommends that some recommendations be eliminated because they were accomplished or no longer needed. These recommendations are described below and outlined in a table at the end of this paper.

A. Current Recommendations

Recommendations that were accomplished in their entirety since the plan was adopted in June, 2009 include:

1. Creating an Interagency Council on Homelessness (ICH) for San Bernardino County that will be charged with coordinating and evaluating policies concerning all of the recommendations and related activities within this plan;
2. Appointing the San Bernardino County Homeless Partnership 10-Year Planning Committee as an advisory body to the ICH for San Bernardino County and appoint representative(s) of the Homeless Partnership as standing member(s) to the local ICH;
3. Using 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;

Recommendations that should be continued, expanded upon, or folded into new recommendations include:

4. Implementing countywide homeless prevention strategies to prevent individuals or families from becoming homeless;
5. Enlisting the support of faith based organizations to help implement the goals and recommendations in this report;
6. Expanding 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;
7. Increasing the Number of Emergency and Transitional Units;
8. Implementing a Housing First Approach;
9. Obtaining More Shelter Plus Care Certificates;
10. Increasing the Number of Permanent Housing Units with an Emphasis on the Development of Safe Havens;
11. Developing and executing 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;
12. Implementing a Rapid Re-Housing Approach for Households with Dependent Children;
13. Conducting periodic Homelessness 101 Training concerning community issues such as:
 - o Law enforcement policies and minor and criminal behaviors by homeless persons;
 - o Appropriate actions and responses by residents and business employees when
 - o confronted by minor and criminal behaviors by homeless persons;

- Appropriate actions and responses by social service providers when contacted by law
 - enforcement personnel, residents and business employees; and
 - Distribution of current available resources and referral contacts;
14. Increasing 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;
15. Implementing an education campaign to make the community aware of the findings, guiding principles, goals, and recommendations of this report.
16. Implementing 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;
17. Formalizing protocols and improve the coordination of discharge planning;
18. Establishing a Central Contact Center that would respond to community calls and concerns for traditional street outreach and engagement and/or assertive community treatment;
19. Expanding Street Outreach and Engagement Services to include Multidisciplinary Practitioners and Services;
20. Expanding Street Outreach and Engagement Services to include Volunteers from Various Community Groups;
21. Establishing 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
- 22. Using a Comprehensive Tool that Determines Potential Eligibility for Mainstream Resources;
- 23. Appropriating 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;

Recommendations that should be eliminated include:

- 24. Encouraging 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;
- 25. Assessing the Feasibility of a Housing Trust Fund for County and Local Levels of Government.

B. New Recommendations

It is important to note that the 10-Year Strategy should be “recalibrated” to focus on a “Housing First Model” that shifts away from the traditional type of emergency shelter and transitional housing for homeless persons towards a model that provides permanent housing quickly with supportive services as needed. This model has been deemed an evidenced-based best practice and adopted by an increasing number of jurisdictions as it 1) significantly reduces the time people experience homelessness; 2) knowingly increases the effectiveness of social services; 3) considerably lowers the cost of social service provision; and 4) notably prevents further episodes of homelessness.

It is important to note that the 10-Year Strategy should also be “recalibrated” to focus on a rapid re-housing approach that is also consistent with a Housing First Model. If a household becomes homeless, a rapid re-housing approach helps the household move as quickly as possible back into housing. Often short-term financial assistance is needed for first month’s rent, security deposit, and moving costs. This approach will also be used to engage chronic homeless persons by focusing on moving them from the streets and into permanent housing with supportive services instead of

providing them with supportive services alone in order to prepare them to move into shelter.

Also, for persons in shelters, a rapid re-housing approach will help shorten stays in shelters by focusing on the development and identification of affordable housing. This best practice, as noted by the National Alliance to End Homelessness, stresses the need for shelter staff to be “housing locators” that search local housing markets and build relationships with landlords. Successful program components include “incentives to landlords to rent to homeless households, creative uses of housing vouchers and subsidies to help homeless individuals and families afford their rental unit, and links to resources to help clients maintain their housing.”

The Housing First Model in this plan also focuses on homeless prevention by emphasizing the need to keep individuals and families in their current housing if appropriate. Often as a result of unforeseeable circumstances, households are in danger of losing the housing that they would rather maintain. Keeping such households in their current housing while they receive enough assistance to prevent homelessness and other resources to help address the issues that are making them at-risk of becoming homeless also increases the effectiveness of social services and is less costly. If such households become homeless, they will be rapidly re-housed as described above.

Thus, the very first recommendation is as follows:

Recommendation 1: Adopt and Implement a Housing First Model

A Housing First Model will be implemented that will address the needs of individuals and families who are: a) chronically homeless; b) temporarily homeless; and c) at-risk of becoming homeless. Thus, each of the recommendations in this report focuses on implementing and supporting a “balanced” Housing First Model for persons chronically, temporarily, and at-risk of becoming, homeless. The range of the recommendations also provides a balance of action steps that will help ensure that all individuals and families receive the resources needed to remain in their housing or quickly obtain and maintain housing after losing their housing.

a. Individuals and families who are chronically homeless¹

The following is a summary that outlines the action steps to recalibrate the County's 10-Year Strategy for individuals and families who are mired in chronic homelessness. Recommendations readily focus on community outreach, engagement, and treatment and permanent supportive housing. Efforts will be made to identify the most vulnerable, visible, and hardest-to-reach chronically homeless single adults and families who have been living on the streets of San Bernardino County. Efforts will also focus on housing them first and then providing the services necessary for them to maintain their housing. Such housing will include permanent supportive housing which provides on-site and/or off-site services that may be short-term, sporadic, or ongoing indefinitely. Such housing requires residents to pay no more than 30% of their adjusted monthly income.

RECOMMENDATION 2: Implement Community Outreach, Engagement, and Treatment for Chronically Homeless Individuals and Families

- Identify, engage, house, and provide intensive integrated supportive services and treatment to the most vulnerable, visible, and hardest-to-reach chronically homeless single adults and families who have been living on the streets of San Bernardino County.

The HPN 10-Year Strategy Recalibration Committee is proposing another new recommendation that will focus on community outreach and engagement that will be based on the Housing First recommendation described above. This recommendation will involve participation by the summer of 2013 in a national movement of communities working together to find permanent homes for 100,000 of the country's most vulnerable homeless individuals and families by the end of July of 2013 (see www.100khomes.org).

The committee recommends that a working group be formed to design and implement local "Housing First Engagement Teams" (ETs) which will identify, engage, house, and provide integrated supportive services to the most

¹ Chronic homelessness is defined by HUD "as a person who is an unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has 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. An episode of homelessness is a separate, distinct, and sustained stay in a place not meant for human habitation, on the streets in an emergency homeless shelter and/or in a HUD-defined Safe Haven. A chronically homeless person must be disabled during each episode. 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."

vulnerable, visible, and hardest-to-reach chronically homeless single adults and families who have been living on the streets of San Bernardino County.

ETs should include public and private social service agencies that provide a comprehensive range of residential and non-residential programs and services within a Housing First Approach. These activities should include access to permanent supportive housing and affordable housing for which homeless persons, and in particular chronic homeless individuals and families, receive subsidized housing through such programs as Shelter plus Care and United States Department of Housing and Urban Development (HUD) Veterans Affairs Supportive Housing (VASH) Vouchers and/or do not have to pay more than 30% of their monthly income for rent and utilities. These activities should also include services needed for the various subpopulations noted above such as the mentally ill, persons with chronic health care conditions, substance abusers, and victims of domestic violence.

ETs should implement a local vulnerability index that identifies the most visible and most vulnerable homeless persons who have been chronically homeless and have deteriorated health conditions and possibly die on the streets. Once these persons have been identified, intervention should take place immediately that focuses on the Housing First Approach.

Such intervention is best implemented through Housing First Outreach and Engagement Workers who work those persons who have been identified for immediate intervention. Such intervention includes providing subsidized or affordable appropriate housing through shelter plus care certificates for persons with physical and/or mental disabilities, HUD VASH Vouchers for veterans, and available permanent supportive housing units. Thus, intervention includes

- outreach and engagement of homeless persons;
- identification of affordable housing units;
- assistance in obtaining tenancy approval;
- provision of comprehensive support services;
- provision of voluntary opportunities that will build a sense of community for participants.

A Community Vulnerability Index will be used to identify project participants that must meet the following local criteria before being placed into the proposed projects:

- Local Residency which will be determined by a standardized series of questions focusing on “ties” to the community such as having worked, gone to school, and/or family living in San Bernardino County;
- Length of time homeless on the streets in San Bernardino County for one (1) year or more and/or homeless four (4) times or more during the previous three (3) years;
- Persons with serious, unmet physical health and mental health needs;
- “Frequent Users of Public Services:” Public services include correctional facilities, courts, emergency health care services, inpatient care, motel vouchers, and seasonal shelter programs;
- “Frequent Service Call Generators:” These are persons who by their activity, prominent location, and level of destitution, generate the most calls for service for law enforcement, fire department, medical transport, mental health and other outreach teams. Calls may be due to their location (church, school, shopping/dining area), behavior, negative impact on their surroundings (trash, litter, health hazards), or community concern.

Those persons identified as “vulnerable” through the index will be prioritized for engagement by outreach and engagement workers. They will be “rapidly re-housed” as quickly as possible, with services provided on an as needed basis to help ensure they remain housed.

Potential participants must be willing to engage with the proposed program. Engagement must include: a) participating in an intake and assessment that will serve as a basis for a service plan; and b) working with a case manager to fulfill the goals and objectives of their particular plan in order to obtain and maintain permanent supportive housing and other essential services.

These action steps will move beyond traditional street “outreach” that focuses on going out onto the streets to find homeless persons and establishing and building relationships with them in order to refer and/or transport them to social services. The focus will be on rapid engagement, support, and housing placement.

Engagement will include expediting access to Social Security disability benefits for people who have mental illnesses or other co-occurring disorders. Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) are disability income benefit programs administered by the Social Security Administration (SSA) that also provide Medicaid and/or Medicare health insurance to individuals who are eligible. Currently, SOAR (SSI/SSDI Outreach, Access and Recovery), a federal training program,

helps communities increase access to Social Security disability benefits for homeless or at-risk of homelessness persons who also have mental illnesses or other co-occurring disorders or other disabilities.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), only about 30% of individuals who apply for SSI/SSDI are approved on initial application. For people who are homeless and have no one to assist them, that percentage is cut by more than one half. When applications are denied, appeals can take an average of *one (1) year* to complete, and in that time applicants often give up hope. Communities using the SOAR approach average over 70% approval ratings within a three (3) month application period.

Engagement will also include such activities as: 1) helping participants develop an individualized post-crisis plan to return to wellness; 2) teaching participants how to obtain and maintain personalized recovery services such as health, mental health, and substance abuse care; 3) creating access for participation in recovery-based self-help and support groups; 4) obtaining other resources such as employment services, education opportunities, and transportation; and 5) obtaining various public assistance benefits. Currently, a "WRAP" (Wellness and Recovery Action Plans) approach is used by local mental health providers for these activities.

Treatment within the community outreach and engagement model will include health services, mental health services, substance abuse treatment, and assertive community treatment for those persons who choose to accept services. Local and national research has revealed that Assertive Community Treatment (ACT) is a successful combined form of outreach case management that is distinguished from more traditional street outreach because the outreach team:

- Consists of several multi-disciplinary practitioners from the fields of psychiatry, nursing, psychology, and social work with increasing involvement of substance abuse and vocational rehabilitation specialists;
- Provides the services clients need directly rather than sending them to other programs for 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 clinician for every ten clients;

- Is cross-trained in each other's areas of expertise to the maximum extent feasible;
- Provides services 24-hours a day, seven days a week, for as long as they are needed; and
- Never discharges someone because they are "too difficult" or "do not make progress."

RECOMMENDATION 3: Obtain Shelter Plus Care Certificates

- Obtain Shelter Plus Care certificates that assist 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 and treatment.

Shelter Plus 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 Plus Care is to increase the participants' independent living skills. Tenants pay no more than 30% of their adjusted monthly income for rent and the balance of their rent is subsidized by HUD.

Such certificates must be received through local housing authorities and supportive services are required to be matched by the same dollar amount of the certificates by another public or private agency. Thus, the Office of Homeless Services recommends that Shelter Plus Care Certificates be an annual priority for the funding request to HUD each year for continuum of care homeless assistance.

RECOMMENDATION 4: Increase Permanent Supportive Housing Beds

- Develop more permanent supportive housing beds to serve the chronically homeless population. These beds will serve homeless individuals and families with mental disabilities, chronic substance abuse, and/or infected with HIV/AIDS with long-term affordable rental housing and a broad range of on-site and/or off-site supportive services.

Permanent Supportive Housing 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 on-site and/or off-site supportive services. The goal is also to increase independent living skills of residents who pay no more than 30% of their

monthly income for rent and the balance of their actual cost of rent is subsidized by HUD.

RECOMMENDATION 5: Carry out Veterans Affairs Supported Housing (VASH) Vouchers

- Support local Housing Authorities to obtain VASH Vouchers that help homeless veterans and their immediate families find and maintain affordable, safe, and permanent housing in the community by combining rental assistance from HUD with case management and clinical services provided by the Department of Veteran Affairs (VA) through its medical centers and other community locations.

The HUD-VASH program is a collaboration between HUD and VA VASH program to help homeless veterans and their immediate families find and maintain affordable, safe, and permanent housing in the community.

The HUD-VASH program is intended for veterans who are honorably discharged and:

- Are eligible for VA health care services;
- Are chronically homeless, meaning homeless for a year or more or four or more times in the past three years;
- Have a history of medical, mental health, and/or substance abuse problems;
- Are ready for independent housing in the community but need ongoing case management services to maintain it; and
- Are motivated to improve the quality of their lives by working with a VA case manager and actively participating in treatment for their conditions.

The program combines rental assistance from HUD with case management and clinical services provided by the VA at its medical centers and through service providers in the local community. Ongoing VA case management, health, and other supportive services are made available at VA Medical Centers (VAMC). The program also requires the local public housing agency (PHA) participation, which consists of applying for and managing the rental assistance vouchers.

The program began in 2008 with the issuance nationally, of approximately 10,000 vouchers and with another 10,000 vouchers were issued in 2009, 2010, and in 2012. In 2011, 7,700 more were issued across the United States. The HUD/VA overall goal is to issue 65,000. Vouchers were issued based on a selection process that “took into account the population of

homeless veterans needing services in the area, the number of homeless veterans served by the homeless programs at each VAMC during Fiscal Years 2006 and 2007, geographic distribution, and VA case management resources” according to HUD. PHAs administrative performance was also taken into account.

VASH vouchers are not part of a grant application process. They are issued based on a selection process that takes into account the population of homeless veterans needing services in the area, the number of homeless veterans served by the homeless programs at each VAMC, geographic distribution, and VA case management resources according to HUD. PHAs administrative performance is also taken into account.

b. Individuals and families who experience temporary homelessness

Individuals and families experience temporary homelessness due to lack of sufficient and stable income, chronic or sudden health problems, domestic violence, untreated mental illness, chronic substance abuse, and youth who lack parental, foster or institutional care among other causes. Such individuals or heads of households may be veterans who recently served in active military service, unemployed or underemployed workers, abused youth or adults; and persons discharged from public and private systems of care such as correctional, foster care, health, and mental health facilities. Some of these persons may only have an initial experience of homelessness and not become homeless again, while others may experience homelessness episodically.

Recommendations focus on rapidly re-housing individuals and families by providing resources to obtain housing that is affordable and providing services while housed so that they can maintain their housing. Recommendations also focus on minimizing the length of stay in shelters and transitional housing programs. During this shortened stay in sheltering programs, emphasis should be placed on locating affordable housing and increasing household income to maintain such housing.

RECOMMENDATION 6: Implement Rapid Re-housing Strategy

- Implement a rapid re-housing strategy that helps any at-risk households that become homeless to move as quickly as possible back into housing by receiving social service support and short-term financial assistance for first month’s rent, security deposit, and moving costs.

The HPN 10-Year Strategy Recalibration Committee recommends that rapid re-housing is based upon the strategy and resources that are outlined in the HPRP. Implementing a rapid re-housing strategy is also consistent with a Housing First Model as described in the HPRP. If an at-risk household becomes homeless, a rapid re-housing approach helps the household move as quickly as possible back into housing. Often short-term financial assistance is needed for first month's rent, security deposit, and moving costs. This may require downsizing their housing, consolidating debts, and re-budgeting. In addition, longer-term assistance may be needed such as affordable child care and health care, as well as employment counseling and placement, and income support programs such as public assistance.

Short-term intensive case management may be necessary during this period of adjustment. As noted above, an important Housing First premise concerning such assistance is that services to households in their own home are more effective and efficiently delivered because household members are able to better focus on meeting their longer-term needs in their homes rather than doubled-up in someone else's home or while living in a shelter or on the streets, or place to place without stability.

Rapid-rehousing efforts should also focus on exiting shelters and transitional housing programs. Efforts should be made to help homeless persons exit these programs as quickly as possible through housing relocation based case management. This is in contrast to a "housing readiness model" which emphasizes that a homeless individual or family must address other issues such as substance abuse and mental illness through case management prior to entering affordable permanent housing. Thus, the emphasis is also on using existing shelter and transitional housing beds to serve more people and not creating additional beds.

c. Individuals and families who are at-risk of becoming homeless

San Bernardino County, like many other counties, has a substantial number of households that are at-risk of becoming homeless. According to the U.S. Census Bureau, approximately 15% or nearly 300,000 residents representing around 100,000 households were living below poverty level as reported in the 2010 American Community Survey. Despite the fact that many households live below poverty level, no more than 10% of them become homeless over the course of a year according to recent national

research.² This means that up to 30,000 residents or 10,000 households living below poverty level likely experience homelessness every year.

Recommendations focus on providing the resources necessary to keep individuals and families in their housing. Households are better able to focus on meeting their longer-term needs when housed than while living doubled-up with another household, or on the streets, or in a shelter. This is consistent with the Housing First Model premise that resources and services are more effective and efficiently delivered to households within the stability of their own housing. Another focus is on discharge planning in order to prevent people from becoming homeless when they are discharged from correctional, foster care, health care, or mental health care systems.

RECOMMENATION 7: Target Homeless Prevention Resources and Services

- Increase homeless prevention resources and services that will help more households remain in their housing by alleviating the problems that place them at-risk of becoming homeless and that such assistance is more effective and efficiently delivered to households within the stability of their own housing;
- Increase financial resources for rental and utility assistance to households that are most likely to become homeless if not for this assistance.

Increasing resources for homeless prevention will help more households remain in their housing by alleviating the problems that place them at-risk of becoming homeless. Households living below the poverty level are at-risk of becoming homeless. Because of their limited income, they frequently have to choose between paying their rent or mortgage and other daily living costs such as child care, clothing, food, health care, and transportation. The generally accepted standard for housing affordability is that households should not spend more than 30% of their incomes on rent and utilities. Many at-risk households spend 70% or more of their income on rent and utilities.

An important factor in avoiding homelessness is timely access to support networks which can be both private and public. Private support networks include family members and friends who are willing to provide resources such as financial support to help households pay for rent or avoid costs associated with daily necessities such as food or transportation. Public support networks include businesses, civic groups, corporations, educational

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

institutions, faith-based organizations, local government, and nonprofit agencies.

Such groups often provide financial assistance, food, health care, clothing, legal assistance, public assistance, rental assistance, and utility assistance at little or no cost. Additional short-term financial assistance such as rental or utility assistance may be needed in order for households to remain stable in their housing. Immediate skilled help such as legal assistance or landlord-tenant mediation may also be necessary. Longer-term assistance, which often includes subsidized affordable child care and health care, help stabilize households. Such assistance may also necessitate credit counseling, employment counseling and placement, and income support programs such as public assistance (e.g., CAL FRESH/food stamps, Supplemental Security Income (SSI), and CalWorks).

The Office of Homeless Services also recommends that the short-term assistance delivery model as outlined by HUD through the HPRP be implemented by local homeless service providers. The delivery model as outlined by HUD “targeted households with the highest likelihood of becoming homeless, and programs should provide just enough assistance to prevent or end an episode of homelessness - stretching resources as far as possible.”

Financial resources for this model should be for rental and utility assistance to households that are most likely to become homeless if not for this assistance. In other words, efforts should be made to ensure that these resources are provided to households that are facing eviction and would become homeless without this help. As a best practice, other jurisdictions gathered data on households receiving homeless prevention resources who did not enter shelters and households who entered shelters and compared the results.³ Findings have shown that both type of households have unaddressed issues concerning as health care, disability, and limited education and English proficiency. However, there were significant differences concerning income and history of homelessness such as

- 44 percent of families who received prevention assistance and did not enter shelters were paying more than 65 percent of their income toward housing, compared with 94 percent of those who entered shelter;
- 36 percent of households receiving prevention assistance and did not enter shelters had previously experienced homelessness, compared with 63 percent of sheltered households;

³ See “Hennepin County, MN: Promising Strategy for assessment of the Targeting of Homelessness Prevention Resources,” at <http://www.endhomelessness.org/content/article/detail/3642>.

- Among families who entered shelters, nearly one-third of all heads of household represented “young families;” among households receiving prevention assistance and who did not enter shelters, however, the figure was only one percent (1%).

Thus, a comparison of similar data for both types of households for San Bernardino County is recommended in order to establish thresholds and criteria for the provision of rental and utility assistance to households at-risk of becoming homeless. In addition, the comparison should also include a contrast of families to see if providing rental and utility assistance just to families is more effective in preventing homelessness.

RECOMMENDATION 8: Implement a Community Outreach and Education Campaign concerning at-risk of homelessness

- 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;
- 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.

Recommendation 9: Formalize protocols and improve the coordination of discharge planning.

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from a publicly-funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable,

Continuums of Care (CoC) should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly onto the streets, homeless shelters, or into other McKinney-Vento homeless assistance programs (SHP, S+C, or SRO).

Within the annual CoC Homeless Assistance Program application, HUD requires each CoC system of care to address the following:

- **What:** Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. For foster care, CoCs should be specifically addressing the discharge of youth aging out of foster care. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness, please indicate this in the applicable narrative.
- **Where:** Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, shelters, and/or McKinney-Vento homeless assistance programs.
- **Who:** Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.

The Discharge Planning Committee should focus on improving coordination between discharge planning agencies, local government, and homeless service providers in order to implement a “zero tolerance” plan that will prevent persons being discharged into homelessness. The purpose of such planning is to prevent persons being discharged from publicly and privately funded institutions or systems of care into homelessness. Such institutions and systems of care include health care facilities, foster care system or other youth facilities, mental health providers, and correction programs and institutions including jails, prisons, and probation programs. Discharge planning prepares a homeless person while in an institution to return to the community and links that individual to essential housing and services, including enhancing and expanding their treatment options and support. Members of the Committee should include representatives from the institutions and systems of care noted above.

The McKinney-Vento Act requires that local governments have policies and protocols in place to ensure that persons being discharged from a publicly-funded institution or system of care are not discharged immediately into

homelessness. As a result, HUD requires local continuum of care systems to demonstrate how they are coordinating with and/or assisting in local discharge planning efforts. More specifically, HUD asks 1) what efforts have been taken to ensure that persons are not routinely discharged into homelessness; 2) where do persons routinely go upon discharge; and 3) who are the stakeholders and/or collaborating agencies that are responsible to ensure that no one is discharged into homelessness.

In order to meet HUD's requirements, the Committee should describe all the current efforts that the local homeless continuum of care system has taken to ensure that persons are not routinely discharged into homelessness. In addition, the Committee should identify all the housing options that are available for discharged persons other than shelters. Also, all stakeholders and/or collaborating agencies that are responsible for making sure that persons discharged from a system of care are not routinely discharged into homelessness should be identified.

On-going Recommendations

The following recommendations are for each of the three (3) targeted groups—chronically homeless, temporary homeless, and at-risk of homelessness.

RECOMMENDATION 10: Ensure access to Mainstream Resources

- Ensure that homeless persons and persons at-risk of becoming homeless obtain all mainstream resources for which they are eligible.

The HPN 10-Year Strategy Recalibration Committee recommends that all service providers and homeless case managers continue to assure to the greatest extent possible that all homeless persons enroll, obtain, and maintain mainstream resources as noted in the initial 10-Year Strategy in 2009. Case managers need to especially work with chronic homeless persons to successfully obtain benefits by making sure that they make necessary appointments and have adequate transportation. They also need to make sure all homeless persons bring all proper documentation (including helping clients obtain necessary documentation if needed) and help them complete written applications either by assisting them with filling out the application or following up with staff of the mainstream resource program. Case managers also need to make certain that all homeless persons follow through with any other necessary requirements before and after obtaining mainstream resources.

Local and national studies reveal that less than one-third (33%) of homeless and at-risk of becoming homeless persons receive “mainstream resources” which consist of federal and state government assisted benefit programs. Such programs receive several hundred billion dollars each year appropriated by Congress for mainstream assistance programs. These resources provide low-income persons (including individuals and families who are homeless) with payments and supportive services for needs such as food, health care, housing, job training, and nutrition services.

Local and national data reveals that only a fraction of chronic homeless persons access mainstream benefit programs such as CalFresh (formerly known as Food Stamps and federally known as the Supplemental Nutrition Assistance Program (SNAP), Medicaid/Medi-Cal; Social Security Disability Income (SSDI), Supplemental Security Income (SSI), and Veteran’s Benefits. In order to reverse this situation, case managers need to ensure that chronic homeless persons successfully obtain the benefits for which they are eligible. While some chronic homeless persons may have already attempted to access some of the resources for which they are eligible, they often fail to follow through with documentation and other responsibilities required for securing benefits.

In addition, one or more members of households at-risk of becoming homeless may not be receiving mainstream resources despite the fact that they are eligible to do so. For example, an individual with a severe disability may be eligible to receive Social Security Disability Insurance or parents with children may be eligible to receive Temporary Assistance for Needy Families. Often, these benefits are supplemented by food and health care assistance. The county-wide homeless prevention program noted in recommendation #8 should provide resources to help at-risk households to obtain and maintain mainstream resources. Also, it is important to note that according to ADA law, deaf and hard of hearing homeless persons, whether disabled or not, must have equal communication access (i.e. sign language and/or oral interpreters).

RECOMMENDATION 11: Expand Homeless Management Information System (HMIS)

- Require all homeless service providers who receive public agency funds for homeless services to participate in HMIS.

The original recommendation concerning HMIS in the initial 10-Year Strategy adopted in 2009 called for emergency shelter, transitional housing, and permanent supportive housing beds to participate in San Bernardino County Homeless Management Information System by April, 2008. Currently, 75%

of all beds are included in HMIS. The goal is now focused on 100% participation of all beds provided by residential homeless service providers. Additionally, programs serving the homeless population which receive Supportive Housing Program (SHP), Emergency Solutions Grant (ESG), Community Development Block Grant (CDBG), Emergency Housing Assistance Program (EHAP) or Federal Emergency Shelter Grant (FESG) funds should now also participate in the county-wide HMIS system.

The Office of Homeless Services is recommending that all beds be included in HMIS excluding domestic violence beds which are exempt under HUD rules. In order to achieve this goal, participation in HMIS should be a condition of funding for those agencies receiving:

- Local Emergency Food and Shelter program (EFSP) funds;
- Local CDBG awards for homeless services only.

HUD requires all agencies to implement HMIS who receive funding through its CoC Homeless Assistance Program, ESG, and HPRP. HMIS costs are an eligible activity for funding for homeless providers that receive CoC Homeless Assistance Program and ESG funding.

Agencies receiving other sources of homeless funding such as local EFSP funds; local CDBG awards for homeless services only; and local and state EHAP funds may have to assume costs related to participating in HMIS. Recognizing the burden this can place on a smaller program, there is a need to explore funding for such programs. Costs for implementing HMIS vary according to existing resources, such as computers, that a homeless service provider may have. HUD provides cost estimate guidelines which helps determine expenses.

Recommendation 12: Conduct periodic Homelessness 101 Training concerning community issues such as:

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

Homelessness 101 Training sessions should 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, participation in the monthly meetings of the Police Chiefs and the County Sheriff should occur. The sessions will also focus on other related areas of concern which include use of parks and libraries by homeless persons. In addition, 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.

Existing rules and regulations concerning the activities identified above should be enforced. These rules and regulations should be clearly communicated through Homeless 101 Training sessions.

RECOMMENDATION 13: Implement Coordinated Assessment and Access System

A Coordinated assessment system provides a community with a uniform, consistent method of assessing homeless services and needs. It serves as a centralized service that connects homeless individuals and families or those at-risk of homelessness with housing resources across the entire spectrum of care. Coordinated or centralized intake and assessment has been a major component of communities that have successfully reduced the length of time households have remained homeless and reduced the overall number of people experiencing homelessness. As of now, the San Bernardino County Continuum of Care (CoC) utilizes a "no wrong door" approach, but it is the intent through this proposed planning to implement a planning project that will move the CoC to a 2-1-1 based centralized intake system.

RECOMMENDATION 14: Increase Permanent Affordable Housing

- Increase the supply of permanent affordable housing for extremely low, very low, and low-income families and individuals;
- Adopt the Housing Action Steps of the San Bernardino County Reentry Collaborative Strategic Plan as part of the 10-Year Plan.

Increase the supply of permanent affordable housing for extremely low, very low, and low-income families and individuals

A Housing Committee will be created by the Interagency Council on Homelessness (ICH) that includes key representatives from the Homeless Provider Network Housing Committee, the Reentry Housing Committee, and ICH members. The primary purpose of the committee will be to focus on increasing the affordable housing needs of a wide-range of residents⁴ including extremely low-income, very low-income, and low income households.

Increasing the supply of permanent affordable housing for extremely low, very low, and low-income families and individuals will provide housing for those homeless households that do not need permanent supportive housing which is described in recommendations 3 through 5. Upon exiting homelessness, many of these households will likely be

- extremely low-income which HUD defines as “a household whose gross annual income is equal to or less than 30 percent of the median income” for San Bernardino County;
- very low-income upon their exit from homelessness or soon after which HUD defines as “a household whose gross annual income is more than 30 percent but does not exceed 50 percent of the (area) median income;” or
- low-income which includes “a household whose gross income is more than 50 percent but does not exceed 80 percent of the (area) median income.

⁴ Other categories of persons should include moderate-income, middle-income families, renters and owners, elderly persons, persons with disabilities, including persons with HIV/AIDS and their families, single persons, large families, public housing residents, victims of domestic violence, families on the public housing and section 8 tenant-based waiting list which are categories of persons that are consistent with the County’s recently adopted Consolidated Plan. Specific housing problems, including cost-burden, severe cost- burden, substandard housing, and overcrowding should also be a priority.

Because of their limited income, some of these households may be in need of a “shallow subsidy” or short-term assistance (e.g. rental assistance) for less than a year (perhaps three to four months) to initially obtain affordable housing in contrast to households in need of permanent supportive housing which involves longer-term assistance such as rental assistance for years. The provision of short-term rental assistance for these households should be consistent with the guidelines described in recommendation 12 which includes: 1) households must be extremely low-income which HUD defines as “a household whose gross annual income is equal to or less than 30 percent of the median income” for San Bernardino County; and 2) households must have a history of homelessness meaning that they were homeless at least once before. Short-term assistance and the guidelines noted above are consistent with the successes that were demonstrated by the rent Homeless Prevention and Rapid Re-housing Program that was initiated as a three-year program beginning in October 2009.

It is important to note that obtaining permanent affordable housing within affordable housing complexes that offer resident services is ideal. However, not all households in need of affordable housing will obtain such housing. Thus, many households may need to secure local resources to maintain their housing. Those that were receiving a subsidy, may no longer need rental assistance after a few months but may require other types of resources which will ensure that their monthly income can pay the rent or mortgage. Such resources may include assistance with affordable child care and health care, employment counseling and placement, and/or income support programs such as public assistance. These households should be made aware of such local resources which are consistent with recommendations 13 and 15. This will enable them to use their finances to maintain their housing and prevent future episodes of homelessness.

Increasing permanent affordable housing also helps households with no history of homelessness from ever becoming homeless. Keeping people housed is often less costly and less labor-intensive than re-housing them after they become homeless. Some households at risk of becoming homeless, however, may have to acquire less expensive housing or even downsize their housing while they are consolidating debts and “re-budgeting” their monthly expenses in order to meet their basic needs such as nutrition and healthcare and/or saving for their future and that of their children.

Increasing permanent affordable housing units can be the result of new construction, rehabilitation, or short-term unit subsidy as noted above. There should be a mix of units including two or more bedroom units for families, one-bedroom units for individuals and couples, and single-room

occupancy (SRO) housing if zoning allows. In regards to SROs, the small size and limited amenities generally makes them a more affordable housing option because they:

- Are usually the average size of a motel room which is 300 to 400 square feet;
- Include a kitchenette and/or a small bathroom; or
- Provide a large shared kitchen; shared bathrooms; and a shared dining area within a multiple-unit building.

These activities should be consistent with local housing elements which analysis and prioritize the housing needs of lower income households including special needs populations.

Adopt the Housing Action Steps of the San Bernardino County Reentry Collaborative Strategic Plan as part of the 10-Year Plan

The San Bernardino County Reentry Collaborative (SBCRC) recently completed a strategic plan that includes an intense need for housing for former incarcerated individuals and their families. The plan consists of four strategies and related short-term and long-term action steps to meet this need for housing. These strategies and action steps will be adopted as part of the 10-year plan.

The four strategies, which are noted on page 30 of the SBCRC strategic plan, include:

- Advocacy and collaboration between cities, county and state
- Create infrastructure to provide quality reentry housing
- Research and develop "best practice" housing options
- Develop comprehensive marketing and communication strategies

The short-term and long-term action steps to fulfill these strategies are described on pages 30 – 32 of the SBCRC strategic plan.

RECOMMENDATION 15: Increase opportunities for employment

- Remove barriers to employment to increase opportunities for employment in order to obtain and maintain permanent housing;

- Provide a comprehensive service approach to workforce development for youth ages 16 – 24.

Increasing the likelihood of employment involves the removal of barriers that concern: 1) obtaining stable housing; and 2) access to employment resources.

1. Obtaining Stable Housing

Implementing Housing First and Rapid-Re-housing approaches (recommendations 1 – 6), enhances a homeless person's ability to achieve employment and obtain stable housing. This is in contrast to a "housing ready" approach that moves persons through a continuum of care system that often includes lengthy stays in shelters (90 days or more) and transitional housing (one year or more) while living with many other persons.

During these periods of transitional placement, homeless persons generally follow a case management plan that requires them to address a series of issues that prepare them to obtain housing. The plan is likely to include health care, life skills, and employment goals such as job counseling, training, interviews, and placement. While in transitional placement, often living spaces are overcrowded, individuals must share bathroom facilities, and have limited storage space for clothes, hygiene items, and work related equipment. This leads to an increased probability that personal items may be misplaced or stolen.

Living in transitional placement not only shapes the restraints noted above, but requires residents to adhere to various rules and regulations meant to help a transitional placement provider meet all the needs of the many residents. Such rules and regulations often limit the time for adults and children to eat, sleep, launder, shower, and dress. They often limit access to the transitional placement facility, and consequently their belongings, because they may not be open during certain hours of the day.

Living within the restraints noted above may be detrimental to a person's ability to achieve employment. Also, having to adhere to various rules and regulations does not enhance a person's ability to achieve employment.

Breaking such guidelines may result in a resident's dismissal from transitional placement and back onto the streets. As a result, the progress towards employment will likely be lost and have to be repeated upon another transitional placement.

2. Access to Employment Resources

In order to ensure access to resources for employment, wrap-around services will include employment counseling, training, and placement. Housing First and Rapid-Re-housing approaches make sure that persons who were homeless prior to obtaining permanent housing are connected to an appropriate range of resources to respond to their concurrent needs, including employment. Such resources should help them eliminate any barriers to employment such as lack of access to equipment needed to write letters, complete resumes, and fill out applications. Such resources should also help them overcome any barriers concerning basic skills such as reading, math, limited English proficiency, and searching and interviewing for jobs. Opportunities for career guidance, on-line resources, and training and education programs should also be made available. There are three San Bernardino County Department of Workforce Development offices that offer most, if not all, of the resources noted above through Employment Resource Centers. They are located in the cities of San Bernardino, Victorville, and Rancho Cucamonga.

Staff from various public and private agencies should be made aware of the Housing First and Rapid-Re-housing approaches that help eliminate barriers to employment through permanent housing and wrap-around services. Such agencies should include the Department of Workforce Development, the Workforce Investment Board (WIB) and its committees, the Transitional Assistance Department (TAD), Probation Department, the Community Action Partnership of San Bernardino County, and other agencies that provide employment and advocacy for homeless and previously homeless persons.

A working committee, made up of representatives from public and private agencies that provide housing and employment services, should meet on an on-going basis. The committee should focus on eliminating barriers to employment for persons who exited homelessness through the Housing First and Rapid-Re-housing approaches. Priority should be given to the barriers

that these persons are experiencing. Committee members should be made aware of these barriers in order to initially mitigate these issues and eventually remove these barriers with the aid of other partners. Removal of barriers should be well documented and promoted throughout the county.

- Provide a comprehensive service approach to workforce development for youth ages 16 – 24.

Effective workforce development programs should take a holistic approach to workforce development for youth 16 – 24. This approach should concentrate on the multiple skills and competencies needed for youth to succeed in the workforce. Services should include: vocational training, academic instruction, counseling, career exploration and guidance, mentoring, community service experience, job readiness workshops, work experience and internships. Thus, instead of just focusing solely on vocational training, a holistic approach provides a range of additional services and activities.

The working committee noted above should also focus on a comprehensive service approach to workforce development for youth ages 16 – 24. The focus should also include eliminating barriers to employment for youth ages 16 – 24 with the aid of other partners. Removal of these barriers should also be well documented and promoted throughout the county.

Summary of Changes to the 10-Year Strategy Recommendations

Recommendations in 2009 Plan	Status in 2013 Recalibrated Plan
Creating an Interagency Council on Homelessness	Accomplished
Appointing the San Bernardino County Homeless Partnership 10-Year Planning Committee as an advisory body to the Interagency Council on Homelessness	Accomplished
Using 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;	Included in Recommendations 6 and 7
Implementing countywide homeless prevention strategies to prevent individuals or families from becoming homeless;	Included in Recommendation 7
Enlisting the support of faith based organizations to help implement the goals and recommendations in this report;	Remains as is and will be included in recalibrated 10-year plan
Expanding 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;	Included in Recommendation 11
Increasing the Number of Emergency and Transitional Units	Addressed in Recommendation 6
Implementing a Housing First Approach	Same as Recommendation 1
Obtaining More Shelter + Care Certificates	Same as Recommendation 3
Increasing the Number of Permanent Housing Units	Same as Recommendation 4
Developing and executing 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	Included in Recommendation 6

Implementing a Rapid Re-Housing Approach for Households with Dependent Children	Included in Recommendation 6
Conducting periodic Homelessness 101 Training	Same as Recommendation 13
Increasing awareness of the collaborative Justice Courts and the alternative sentencing programs	Remains as is and will be included in recalibrated 10-year plan
Implementing 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.	Same as Recommendation 8
Formalizing protocols and improve the coordination of discharge planning	Same as Recommendation 9
Establishing a Central Contact Center that would respond to community calls and concerns for traditional street outreach and engagement and/or assertive community treatment	Included in Recommendation 2
Expanding Street Outreach and Engagement Services to include Multidisciplinary Practitioners and Services;	Included in Recommendation 2
Expanding Street Outreach and Engagement Services to include Volunteers from Various Community Groups	Included in Recommendation 2
Implementing an education campaign to make the community aware of the findings, guiding principles, goals, and recommendations of this report.	Included in Recommendation 8
Establishing Regional "One-Stop" Centers	Included in Recommendation 13
Using a Comprehensive Tool that Determines Potential Eligibility for Mainstream Resources;	Included in Recommendation 13
Appropriating 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	Incorporated in several recommendations including 3, 4, 5, 6, and 13.

Encouraging 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	Removed
Assessing the Feasibility of a Housing Trust Fund for County and Local Levels of Government	Removed and replaced with Recommendation 14 which concerns affordable housing