



Agenda Items The following items are presented for informational, consent, and discussion purposes.

Item No.	Special Presentation	
1	Acknowledgement of Appreciation to Community Action Partnership of San Bernardino County – Gary Madden (5 min.)	9:50 – 9:55 am
Consent Items		
2	Approve the Recalibration of the 10-Year Strategy – Tom Hernandez & Joe Colletti, Ph.D. (10 min.)	9:55 – 10:05 am
Informational Items		
3	Hope through Housing – Ron Griffin (25 min.)	10:05 – 10:30 am
4	Reentry Strategic Plan (Housing Component) – Trudy Raymundo (20 min.)	10:30 – 10:50 am
Closing		10:50 – 11:00 am

Public Comment Open to the public for comments limited to three minutes

Council Roundtable Open to comments by the Council

Next ICH Meeting The next Interagency Council on Homelessness meeting is scheduled for:

April 24, 2013
9:00 am – 11:00 am
DBH – Training Institute
1950 S. Sunwest Lane, Suite 200
San Bernardino, CA 92408

Mission Statement

The mission of the San Bernardino County Homeless Partnership is to provide a system of care that is inclusive, well planned, coordinated and evaluated and is accessible to all who are homeless and those at-risk of becoming homeless.

THE INTERAGENCY COUNCIL ON HOMELESSNESS MEETING FACILITY IS ACCESSIBLE TO PERSONS WITH DISABILITIES. IF ASSISTIVE LISTENING DEVICES OR OTHER AUXILIARY AIDS OR SERVICES ARE NEEDED IN ORDER TO PARTICIPATE IN THE PUBLIC MEETING, REQUESTS SHOULD BE MADE THROUGH THE OFFICE OF HOMELESS SERVICES AT LEAST THREE (3) BUSINESS DAYS PRIOR TO THE PARTNERSHIP MEETING. THE OFFICE OF HOMELESS SERVICES TELEPHONE NUMBER IS (909) 252-4001 AND THE OFFICE IS LOCATED AT 1950 S. SUNWEST LN., STE 200, SAN BERNARDINO, CA 92408. <http://www.sbcounty.gov/SBCHP/>

Minutes for San Bernardino County Homeless Partnership Interagency Council on Homelessness

February 27, 2013
9:00 am – 11:00 am
Department of Behavioral Health-Training Institute
1950 South Sunwest Lane, Suite 200
San Bernardino, CA 92415

Minutes Recorded and Transcribed by Marleana Roman, Secretary I, Office of Homeless Services

TOPIC	PRESENTER	ACTION/OUTCOME
Call to Order	Gary Madden	<ul style="list-style-type: none"> ▪ The meeting was called to order at 9:06 am.
Introductions	Gary Madden	<ul style="list-style-type: none"> ▪ Introductions were made by all ICH Members. Guests were also invited to introduce themselves. ▪ Kent Paxton acknowledged Samuel Hanna, a student from Cal State San Bernardino. He and his fellow students put together 100 blanket and hygiene kits for the Point-in-Time Count.
Presentation of Minutes	Gary Madden	<ul style="list-style-type: none"> ▪ Minutes for January were accepted as presented.
REPORTS	PRESENTER	ACTION/OUTCOME
Homeless Provider Network	Sharon Green	<ul style="list-style-type: none"> ▪ The ICH members were provided with the HPN Report as a hand out. (Copies are available upon request). All information can also be found at www.sbcounty.gov/SBCHP. ▪ The last HPN Meeting took place on Wednesday, February 20, 2013. Jim Rosemeyer updated HPN on the Homeless Management Information System and the upcoming changes. It will transition to San Bernardino County Office of Homeless Services effective March 1-2013. ▪ A presentation was provided by ICH Chair Gary Madden on unemployment, poverty and issues with affordable housing. ▪ The Steering Committee has changed meeting dates and will be meeting immediately following ICH. The Steering Committee is currently working on combining the 10 year strategy with the Reentry Strategic Plan. Other topics of concern are: <ul style="list-style-type: none"> ○ Removing responsibility from HPN “to implement the 10-year strategy” and placing it under ICH since they have the capacity to do so. ○ Dissolving the Planning and Evaluation Committee to replace it with the Steering Committee. Another plan is to connect the Planning and Evaluation Committee with the Reentry Research and Evaluation Committee. ○ Ensuring that our subcommittees are consistently meeting and develop a plan.
Office of Homeless Services	Tom Hernandez	<ul style="list-style-type: none"> ▪ The ICH members were provided with the OHS Report as a hand out with attachments. (Copies are available upon request). All information can also be found at www.sbcounty.gov/SBCHP. ▪ Tom thanked Community Action Partnership of San Bernardino County (CAPSBC), who helped make the Homeless Management Information System (HMIS) a smooth transition. As of March 1st, HMIS will be transferred to the County of San Bernardino. The contract went to the Board of Supervisors yesterday for approval and acceptance. HMIS will officially be offline at 7 p.m. on February 28th and will be back online on March 4th. Both staff members, Jim Rosemeyer and Kentrelle Gayles, will be transitioning from CAPSBC to the County HS ITSD. Jim Rosemeyer will continue to be the primary HMIS contact and his new phone number is (909) 386-1943. Mr.

Office of Homeless Services <i>cont.</i>	<p>Tom Hernandez</p> <p>Lisa Jones</p> <p>Tom Hernandez</p> <p>Public Comment</p> <p>Tom Hernandez</p>	<p>Hernandez also thanked ITSD, especially Danny Tillman. Their staff has been working with us and hosting the HMIS staff.</p> <ul style="list-style-type: none"> ▪ The Point-In-Time Count (PITC) was on January 24, 2013 and was very successful this year. There were well over 400 volunteers, which is a record for us. Mr. Hernandez acknowledged the cities involved. ▪ Debriefings are scheduled for this week in the West Valley, East Valley and Desert areas to review best practices and how to improve for next year. ▪ All data has been entered and a preliminary draft report is expected by mid-March. We hope to have the final report available for ICH review by April. This report will contain city specific information as well as overall countywide information. ▪ Secretary Donovan provided Testimony to the Senate on the impact that the March 1st sequestration could pose to more than 100,000 formerly homeless people (see Report 2A). ▪ The sequestration's impact on the State of California will be as follows: <ul style="list-style-type: none"> ○ Over 16,000 families cut from affordable housing <ul style="list-style-type: none"> • Ms. Jones, from Housing Authority, clarified that this equates to \$6.1 million. They do not plan to cut from families but they are no longer pulling from wait list. ○ Over \$10 million cut from federal housing assistance ○ Over \$15 million cut from homeless assistance programs ○ Over \$2 million cut from Housing Opportunities for Persons with AIDS ○ Over \$18 million cut from Community Development Block Grant Funding ○ Over \$6 million cut in HOME funds ○ Over \$2 million cut in Native American Housing Grants ▪ Mr. Hernandez included a report from the Center of Budget and Policy Priorities (see Report 2B). ▪ According to HUD, California makes up 20% of the nation's homeless population, while only accounting for 12% of the total U.S. population. Almost 3 out of 4 individuals and families living in California attribute their circumstance to the lack of affordable housing. ▪ Mr. Hernandez clarified that these cuts are for the upcoming fiscal year, beginning in June. CSBG cuts will take effect immediately. In terms of concerns with ESG funds, please contact Debbi Kamrani or Dena Fuentes at Community Housing and Development. ▪ ICH members are encouraged to contact their local electives. Mr. Madden provided a phone number to the federal switchboard to be connected to your Congress Representative (202)224-3121. Ms. Nickols recommended a website, Coalition on human needs http://www.chn.org/. ▪ HUD and the Department of Health and Human Services announced nearly \$98 million in funding for 13 state housing agencies to provide rental assistance. California received funds to provide long-term project based rental assistance for 335 units. The target population for this program is Medicaid beneficiaries with disabilities transitioning from institutional settings and persons at serious risk of institutionalization in all 58 counties in the state (see press release for further information: http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2013/HUDNo.13-024).
Subcommittee Reports	Gary Madden	<ul style="list-style-type: none"> ▪ Trudy Raymundo will give a presentation at the next Reentry Meeting regarding a Reentry plan/collaborative and where it intersects with what we do here at ICH. The meeting is Friday from 9:30 a.m.–11:30 a.m. at the Workforce Development Building on 215 N. D Street.
Legislative Report	Victoria Ostermann	<ul style="list-style-type: none"> ▪ Ms. Ostermann reported that Friday was the last day to introduce Bills. Between the State and the Assembly, there are over 2,400 bills that were introduced. Ms. Ostermann identified about 18 bills of interest that she will share with Mr. Hernandez so he can then pass them on to the group. If you have any questions or need any information on the bills please pass those on and Ms. Ostermann

		<p>will be happy to get you the information you need.</p> <ul style="list-style-type: none"> There will be a meeting between the President and members of Congress on Friday.
DISCUSSION ITEMS	PRESENTER	ACTION/OUTCOME
No Items		<ul style="list-style-type: none"> There were no discussion items on the agenda.
CONSENT ITEMS	PRESENTER	ACTION/OUTCOME
No Items		<ul style="list-style-type: none"> There were no consent items on the agenda.
INFORMATIONAL ITEMS	PRESENTER	ACTION/OUTCOME
Home Strong USA - Housing for Heroes	Jed Davis Pete Serbantes	<ul style="list-style-type: none"> Jed Davis and Pete Serbantes provided a presentation on Home Strong USA and their Housing for Heroes program. All members were provided with a folder consisting of information on: free financial workshops, financial counseling services, and Housing for Heroes program overview (Copies of handouts are available upon request).
Street to Home Campaign - (Urban Initiatives)	Joe Colletti, PhD	<ul style="list-style-type: none"> Joe Colletti provided a Power Point presentation on the Homeless to Housing Campaign, which will combine Housing First with Rapid Re-Housing. There is funding for this in the Continuum of Care (CoC) under the Permanent Housing Bonus, it may not be available until a little over a year from now. The key to this model is going out to the homeless with housing vouchers in hand. (Copies of handouts are available upon request).
PUBLIC COMMENT	PRESENTER	ACTION/OUTCOME
	Kent Paxton Darryl Evey Margie Miller Bruce Young	<ul style="list-style-type: none"> Recommended we explore the creation of a Multi-Disciplinary Team that can go to the encampments. This will finally fulfill that promise with the 10-year plan to end chronic homelessness. <ul style="list-style-type: none"> A motion to put together a Community Engagement Team to pilot this project. Requesting more time to discuss this before we have a motion. Margie Miller, publisher of the City News Group, discussed the publication of the Homeless Times. She thought this would be a one-time publication but she can now see the need for it. If you would like her to continue to publish this then please provide her with your information. Her email is Margie@citynewsgroup.com. Works with the chronic homeless and is working with a group that is trying to create a trade school to teach and train the homeless so they can go to work.
COUNCIL ROUNDTABLE	PRESENTER	ACTION/OUTCOME
	Gary Madden	<ul style="list-style-type: none"> A motion to establish a group to look at the feasibility a Multi-Disciplinary Team pilot project. Motion carried. <ul style="list-style-type: none"> The group will include: Housing Authority, Human Services, Behavioral Health, San Bernardino Police Dept., Kent Paxton, Joe Colletti, Don Smith, Sharon Green and the City of Ontario,
Adjournment		Being no further business to discuss, the meeting was adjourned at 11:05 am.
Next Meeting		<p>Wednesday, March 27, 2013 at 9:00 am – 11:00 am DBH – Training Institute 1950 S. Sunwest Lane, Suite 200, San Bernardino, CA 92408</p>

Office of Homeless Services
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Email: homelessrfp@hss.sbcounty.gov ▪ Website: <http://hss.sbcounty.gov/sbchp/>

Attendees at February 27, 2013 • Interagency Council on Homelessness

BRAZIER	ANTHONY	Foothill AIDS Project	909-884-2722	abrazier@fapinfo.org
BROWN	MICHELLE	Probation	909-387-5692	Michelle.Brown@prob.sbcounty.gov
COLEMAN	REGINA	Principal Assistant County Counsel	909-387-3266	rcoleman@cc.sbcounty.gov
DAVIS	JED	CEO-Home Strong USA	909-758-8970	Jed@homestrongusa.org
DOWDY	BRENDA	Superintendent of County Schools	909-386-2634	brenda_dowdy@sbcss.k12.ca.us
DRIEBERG	LEANNE			lrdzieberg@gmail.com
ESCALANTE	JOSEPHINE	VA Medical Center HCHV Outreach Program	909-825-7084	josephine.escalante@va.gov
EVEY	DARRYL	Ed Family Assistance	760-843-0701	darryl@familyassist.org
FORD	RENEE	San Bernardino County Probation Department	909-387-5856	renee.ford@prob.sbcounty.gov
GONZALES	JOSIE	Supervisor - Fifth District	909-387-4565	jgonzales@bos.sbcounty.gov
GRAHN	THOMAS	City of Rancho Cucamonga	909.477.2750 ext. 4312	tom.grahn@cityofrc.us
GREEN	SHARON	Victor Valley Family Resource Center	760-887-1909	sharongreen50@verizon.net
HAMBLY	ED	Catholic Charities	909-388-1239	ehambly@ccsbriv.org
HANNA	SAMUEL	CSUSB		
HAUGAN	LINDA	Asst. Executive Officer- Human Services Department	909-387-4717	lhaugan@hss.sbcounty.gov
HEESEN	CHERYL	Exec. Director - Family Service Agency - Redlands	909-793-2673	rfscheryl@hotmail.com
HERNANDEZ	TOM	Homeless Services Manager - Office of Homeless Svcs.	909-252-4051	thernandez@dbh.sbcounty.gov
JONES	LISA	Housing Authority	909-890-0644	ljones@hacsb.com
KEYES	ROBERTA	Community Member	951-213-8432	roberta.keyes@att.net
MADDEN	GARY	Director - Inland Empire United Way	909-980-2857 ext. 211	gmadden@iewu.org
MARIN	JOSE	DPH	76145	Jose.Marin@dph.sbcounty.gov
MARTINEZ	SOCHILT	SBPD	909-384-5776	Martinez_So@sbcity.org
MATA	ARACELI	SPD	909-388-4953	Mata_ar@sbcity.org
MCQUEEN	MIGUEL	Deputy Director - Workforce Development Department	909-387-9885	MMcQueen@wdd.sbcounty.gov
MELLO	CHARLIE	American Custom Coach	909-796-4747	cmello@americanc.com
MILLER	MARGIE	CNG	909-534-2500	Margie@citynewsgroup.com
MORRIS	GARNER	Community Service Liaison - Supervisor Mitzelfelt Office	760-955-2017	gmorris@bos.sbcounty.gov
NICKOLS	PATRICIA	Director - Community Action Partnership	909-723-1514	plnickols@capsbc.sbcounty.gov
PAXTON	KENT	Mayor's Office - City of San Bdn	909-384-5133	paxton_ke@sbcity.org
RAMOS	JAMES	Supervisor - Third District	909-387-4855	James.Ramos@bos.sbcounty.gov
RODDICK	ROBERT	Managing Attorney - Inland Counties Legal Services	951-320-7514	rroddick@icls.org
RYMER	CHRIS	HS Manager	909-370-6172	crymer@ci.colton.ca.us
SCHULTZ	BRENT	Housing and Neighborhood Revitalization Dir - Ontario	909-395-2317	bschultz@ci.ontario.ca.us
SERBANTES	PETE	Home Strong USA	909-758-8973	Pete@Homestrongusa.org
SMITH	DON	Urban Initiatives		donsmith@urbaninitiatives.org
THOMAS	CASONYA	Director - DBH	909-382-3080	cthomas@dbh.sbcounty.gov
WEATHERSPOON-BELL	REGINA	Field Representative - First District		Regina.Weatherspoon-Bell@bos.sbcounty.gov
WILTSHIRE	MOLLY	Communications Director	909-387-4855	Molly.Wiltshire@bos.sbcounty.gov
YOUNG	BRUCE	Grant Writer	760-961-9210	bruce356@aol.com



**County of San Bernardino
Office of Homeless Services**

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**Office of Homeless Services Report
Prepared for the Interagency Council on Homelessness**

Report purpose The purpose of this document is to present the Office of Homeless Services report and to record action items from prior Interagency Council on Homelessness (ICH) meetings.

Date March 27, 2013

Presenter Tom Hernandez, Homeless Services Manager

Announcements The table below lists the announcements for today’s meeting.

Announcements	
Continuum of Care (CoC) Homeless Assistance Grant Tier One Announcement	
<ul style="list-style-type: none"> • On March 13, 2013, U.S. Housing and Urban Development (HUD) Secretary Shaun Donovan awarded nearly \$1.5 billion to support 7,000 homeless programs across the country. All of the County of San Bernardino Continuum of Care Renewal Programs in Tier 1 have been funded (see attached Report 2A). • As we await an official announcement from HUD concerning Tier 2 projects, there does not appear to be additional funding available for new programs at this time. Congress is likely to make the final determination concerning any additional funding for HUD this spring. • There is approximately \$110 million left to be allocated; however, this amount is inefficient to fund all Tier 2 remaining projects, unless Congress provides HUD with an infusion of additional appropriations for fiscal year 2012. • Tier 2 funding will most likely be as follows in order of funding importance: <ol style="list-style-type: none"> 1. Tier 2 Renewals 2. CoC Planning Projects 3. Permanent Housing Bonus 4. New Projects • As a result of Sequestration, on March 1st, approximately \$85 billion in budgetary resources have been cancelled. This will result in a 5 percent overall cut to both Emergency Solutions Grants and CoC programs (see attached Report 2B). 	



County of San Bernardino Office of Homeless Services

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Email: homelessrfp@hss.sbcounty.gov • Website: <http://hss.sbcounty.gov/ohs/>

Communications with Senator Feinstein's Office

- The week of March 4, Monday, I was contacted by Ashley Eden, Legislative Assistant for California State Senator Dianne Feinstein as a follow-up to the concern Senator Feinstein has regarding the high number of families with children experiencing homelessness within the County.
- The Office of Homeless Services provided Ms. Eden with a list of agencies that provided services to this target group, a summary of the services they provide and estimated capacity. In addition, information was provided regarding the "Snack Pack" program that Community Action Partnership of San Bernardino County had implemented for school district children to provide them food for the weekend.
- Ms. Eden noted that the Senator is working diligently to address this issue and has made contact with a rather large foundation that may entertain steering funding into San Bernardino County. She inquired about potential programs that would perhaps address this issue, so OHS submitted a quick pilot project draft would provide for the creation of a Rapid Re-Housing Engagement Team.

Meeting to Discuss Rapid Re-Housing Engagement Team

- On Monday, March 18, ICH members met to discuss the development of a pilot engagement team that would do direct full-time street outreach and connect chronically homeless individuals and families to housing.
- The San Bernardino Rapid Re-housing Engagement Team Pilot will help homeless families and individuals obtain permanent housing and stabilize relatively quickly through wrap-around services while in their housing. The Program would be targeted towards chronically homeless individuals, which represent approximately 30% of the overall homeless population.
- A housing first approach will be used which will focus on providing them housing and the wrap-around services necessary for them to maintain their housing. Placing families and individuals in housing is the first step in client stabilization. Once stably housed, clients will be assessed and the process of establishing a comprehensive case/service plan towards permanent housing sustainability.
- The discussion also included the provision of an eventual development of a centralized intake system through 211. A 211 phone intake system will help to standardize countywide procedures, allow for first contact with clients, screening, HMIS data collection and reporting, and a direct "warm hand off" to the most appropriate service provider.
- 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.
- Mr. Kent Paxton requested a summary of the cost benefit impact of related programs. Dr. Joe Colletti has provided OHS a copy (see attached Report 2C).



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Revised Guide to Homeless Service Providers

- The San Bernardino Homeless Partnership has revised both the guide to Homeless Service Providers and the Homeless Resources Wallet Guides this January. This year's expanded guides will continue to assist local agencies with information about the locations and the types of services that homeless service providers offer to the residents of our County and has been coordinated with 211.
- A limited number of Directory hard copies will be made available for order through the Office of Homeless Services. Please contact (909) 252-4001 if you would like more information or would like to request a hard copy. The document will also be downloadable via PDF on the San Bernardino County Homeless Partnership.
- The Wallet Guides will be available year round for ordering.

Homeless and Policy Related News

- The Homelessness Research Institute has developed interactive maps, calculators, and charts to improve understanding of concepts related to ending homelessness. Check out the following website for more information: http://www.endhomelessness.org/pages/interactive_tools_solutions.
- HHS Releases Information Memorandum "Use of TANF Funds to Serve Homeless Families and Families At-Risk of Experiencing Homelessness." The Memorandum suggests local agencies to use TANF funds to provide one-time or short-term assistance consistent with rapid re-housing programs. The Memorandum also encourages these funds to be used in coordination with HUD's targeted homeless assistance programs (see attached Report 2D).

Attachments

2012 CoC Funded Renewal Projects Tier 1– Report 2A-Attached

Sequestration Impact on Homeless Assistance Grants Programs– Report 2B-Attached

Summary of Cost Benefits of Homeless to Housing Campaigns – Report 2C-Attached

TANF Information Memorandum – Report 2D-Attached

**County of San Bernardino
2012 Continuum of Care (CoC) Homeless Assistance Program Funded RENEWAL PROJECTS**

Renewal Projects – The following project have been identified by the United States Department of Housing and Urban Development (HUD) and recommended by the Grant Review Committee (GRC) as **renewal** projects for the County of San Bernardino 2012 Application process.

Agency	Program Name	Project Location	Service Provided	Renewal Amount	Contact Information
Central City Lutheran Mission	Permanent Housing for Homeless with HIV/AIDS	San Bernardino	Permanent Housing	\$75,046	Pastor David Nagler Chief Executive Officer Address: 1354 North G Street, San Bernardino CA 92405 Phone Number: (909) 381-6921
County of San Bernardino- Department of Behavioral Health	Homeless Management Information System	San Bernardino	Homeless Management Information System	\$250,158	Tom Hernandez, Program Manager County of San Bernardino Department of Behavioral Health Office of Homeless Services 1950 S. Sunwest Lane, Ste 200 San Bernardino, CA 92408
Foothill Family Shelter	Foothill Family Shelter	Upland	Transitional Housing	\$34,125	Mary E. Sheets Executive Director 1501 W. Ninth Street, Suite D Upland, CA 91786 Phone Number: (909) 920-0453
Frazee Community Center	Homeless Veterans Program	San Bernardino	Transitional Housing	\$26,250	Candice Martin Frazee Community Center 1140 W. Mill Street San Bernardino, CA 92410 Phone Number: 909-889-4424
New Hope Village, Inc.	New Hope Village, Inc.	Barstow	Transitional Housing	\$66,675	Angela Pasco New Hope Village, Inc. 203 W Fredericks St Apt 3 Barstow, CA 92311 Phone Number: (760) 256-3656
New Hope Village, Inc.	New Hope Village, Too!	Barstow	Permanent Housing	\$38,000	Angela Pasco New Hope Village, Inc. 203 W Fredericks St Apt 3 Barstow, CA 92311 Phone Number: (760) 256-3656
The Salvation Army	Path to Prosperity	San Bernardino	Transitional Housing	\$158,521	Sam Valdez, Program Director Salvation Army 730 Spruce St. San Bernardino, CA 92410 Phone Number: (909) 884-2364

**County of San Bernardino
2012 Continuum of Care (CoC) Homeless Assistance Program Funded RENEWAL PROJECTS**

Victor Valley Domestic Violence	A Better Way	Victorville	Transitional Housing	\$283,537	Margaret Diaz, Executive Director Victor Valley Domestic Violence PO box 2825 Victorville, CA 92393 Phone Number: (760) 955-8010
Housing Authority	Project Stepping Stones	County-Wide	Shelter + Care	\$367,520	Ms. Lisa Jones, Vice President Housing Services Housing Authority of San Bernardino County 715 E. Briar Drive San Bernardino, CA 92410 (909) 890-9533
Time For Change Foundation	Homes of Hope	San Bernardino	Permanent Housing	\$348,598	Kim Carter, Executive Director PO Box 5753 San Bernardino, CA 92412 Phone Number (909) 886-2994
United States Veterans Initiative- Inland Empire	Veterans Permanent Supportive Housing	San Bernardino	Permanent Housing	\$1,031,955	Kate Thibault, Program Manager United States Veterans Initiative 15105 6th Street March AFB Riverside, CA 92518 Phone Number: (951) 293-2594
House of Prayer Gospel Outreach	Hope for Heroes	San Bernardino	Permanent Housing	\$317,770	Angela Myles, Executive Director House of Prayer Gospel Outreach 323 W. 7th Street, Suite B San Bernardino, CA 9210 Phone Number: (909) 386-1620
Life Community Development	The Gatekeeper	Hesperia	Permanent Housing	\$165,610	Lois Perkins, Executive Director Life Community Development 15818 Horizon Way Adelanto, CA 92301 Phone Number: (760) 246-0691
Inland Temporary Homes	Infinite Horizons	Loma Linda	Transitional Housing	\$432,927	Jeff Little, Chief Executive Officer Inland Temporary Homes P. O. Box 239 Loma Linda, CA 92354 Phone Number: (909) 796-6381
Inland Temporary Homes	Supportive Services Outreach Program	Loma Linda	Transitional Housing	\$70,723	Jeff Little, Chief Executive Officer Inland Temporary Homes P. O. Box 239 Loma Linda, CA 92354 Phone Number: (909) 796-6381

**County of San Bernardino
2012 Continuum of Care (CoC) Homeless Assistance Program Funded RENEWAL PROJECTS**

Inland Behavioral and Health Services	Project Home Again	San Bernardino	Supportive Services	\$367,063	Dr. Lindsey, President/CEO Inland Behavioral Health and Services, Inc. 1963 North "E" Street San Bernardino, CA 92412 (909) 881-6146
Inland Counties Legal Services	LEAP I	County-wide	Supportive Services	\$38,395	Irene Morales, Executive Director Inland Counties Legal Services 1040 Iowa Avenue, Suite 101 Riverside, CA 92506 Phone Number: (951) 368-2541
Inland Counties Legal Services	LEAP II	County-wide	Supportive Services	\$54,531	Irene Morales, Executive Director Inland Counties Legal Services 1040 Iowa Avenue, Suite 101 Riverside, CA 92506 Phone Number: (951) 368-2541

TOTAL AWARD FOR RENEWAL PROGRAMS IN TIER ONE

\$4,127,404

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Sequestration Impact on Homeless Assistance Grants Programs

March 11, 2013

Dear Continuum of Care Collaborative Applicants, Recipients, and Stakeholders—

As you are likely aware, the President was required by law to issue a sequestration order on March 1 canceling approximately \$85 billion in budgetary resources across the Federal government for the remainder of the Federal fiscal year. As partners with the Department of Housing and Urban Development, you are entitled to timely and clear information about how these budget cuts impact us, and, in turn, what it means for program beneficiaries.

HUD's Emergency Solutions Grants (ESG) and Continuum of Care (CoC) programs, which provide emergency shelter, transitional and permanent housing and important services to homeless and formerly homeless persons will be cut by 5 percent overall as a result of sequestration. However, HUD VASH funding is exempt from sequestration. Secretary Donovan recently testified to Congress that sequestration cuts would result nationally in more than 100,000 homeless and formerly homeless people, including veterans, being removed from their current housing or emergency shelter programs, putting them at substantial risk of returning to the streets. It would likely reverse significant progress made over the last several years in reducing chronic homelessness and homelessness among our nation's veterans, even with the exemption for HUD VASH.

Recipients of ESG funding will be the first to feel the impact and can expect a five percent reduction from the FY 2013 level for which they are eligible. The exact amount will not be known until Congress has passed and the President has signed a full-year FY 2013 appropriation for HUD. CoCs and CoC Program recipients will be impacted via the **FY 2013** CoC Program Competition that will begin later this year.

Sequestration will not impact the **FY 2012** CoC Program awards since that funding was already appropriated. HUD will be announcing the FY 2012 Tier 1 renewal awards in the coming weeks so that local HUD field offices can begin the process of executing grant agreements for projects awarded funding in the FY 2012 CoC Program Competition. Awards will be announced in accordance with the requirements of the FY 2012 CoC Program Notice of Funding Availability.

In the next week I will be sending another message out, as I do each year, with updates on a few key items as well as some recommendations for communities around how to maintain progress on ending homelessness.

As always, thank you for your continued partnership with HUD, and for your cooperation as we work together to manage through these circumstances.

Sincerely,

Ann

Ann Marie Oliva
Director, Office of Special Needs Assistance Programs
U.S. Department of Housing and Urban Development



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Cost of Homelessness

Cost of Homelessness



Homelessness can be surprisingly costly for taxpayers. Fortunately, responsible, cost-effective solutions exist.

For many city officials, community leaders, and even direct service providers, it often seems that placing homeless people in shelters is the most inexpensive way to meet the basic needs of people experiencing homelessness; some may even believe that shelters are an ideal solution.

Research, however, has shown something surprisingly different.

The cost of homelessness can be quite high. Hospitalization, medical treatment, incarceration, police intervention, and emergency shelter expenses can add up quickly, making homelessness surprisingly expensive for municipalities and taxpayers.

Hospitalization and Medical Treatment

People experiencing homelessness are more likely to access the most costly health care services.

According to a report in the New England Journal of Medicine, homeless people spent an average of four days longer per hospital visit than comparable non-homeless people. This extra cost, approximately \$2,414 per hospitalization, is attributable to homelessness.

A study of hospital admissions of homeless people in Hawaii revealed that 1,751 adults were responsible for 564 hospitalizations and \$4 million in admission costs. Their rate of psychiatric hospitalization was over 100 times higher than their non-homeless cohort. The researchers conducting the study estimate that the excess cost for treating these homeless individuals was \$3.5 million or about \$2,000 per person.

Homelessness both causes and results from serious health care issues, including addiction, psychological disorders, HIV/AIDS, and a host of other ailments that require long-term, consistent care. Homelessness inhibits this care, as housing instability often detracts from regular medical attention, access to treatment, and recuperation. This inability to treat medical problems can aggravate these problems, making them both more dangerous and more costly.

As an example, physician and health care expert Michael Siegel found that the average cost to cure an alcohol-related illness is approximately \$10,660. Another study found that the average cost to California hospitals of treating a substance abuser is about \$8,360 for those in treatment, and \$14,740 for those who are not.

Prisons and Jails

People who are homeless spend more time in jail or prison, which is tremendously costly to the state and locality. Often, time served is a result of laws specifically targeting the homeless population, including regulations against loitering, sleeping in cars, and begging.

According to a University of Texas two-year survey of homeless individuals, each person cost the taxpayers \$14,480 per year, primarily for overnight jail.

A typical cost of a prison bed in a state or federal prison is \$20,000 per year.

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Emergency Shelter

Emergency shelter is a costly alternative to permanent housing. While it is sometimes necessary for short-term crises, too often it serves as long-term housing. The cost of an emergency shelter bed funded by HUD's Emergency Shelter Grants program is approximately \$8,067 more than the average annual cost of a federal housing subsidy (Section 8 Housing Certificate). A recent HUD study found that the cost of providing emergency shelter to families is generally as much or more than the cost of placing them in transitional or permanent housing.

Cost Studies

Studies have shown that – in practice, and not just in theory – providing people experiencing chronic homelessness with permanent supportive housing saves taxpayers money.

Permanent supportive housing refers to permanent housing coupled with supportive services.

A study recent study followed the progress of the Downtown Emergency Service Center (DESC) in Seattle, WA. All the residents at this Housing First-styled residence had severe alcohol problems and varying medical and mental health conditions. When taking into account all costs – including housing costs – the participants in the 1811 Eastlake program cost \$2,449 less per person per month than those who were in conventional city shelters, as described in the article from the *Journal of American Medical Association*.

A cost study of rural homelessness from Portland, ME found significant cost reductions when providing permanent supportive housing as opposed to serving the people while they remain homeless. The study specifically noted a 57 percent reduction in the cost of mental health services over a six-month period, partly due to a 79 percent drop in the cost of psychiatric hospitalization.

A study from Los Angeles, CA – home to ten percent of the entire homeless population – found that placing four chronically homeless people into permanent supportive housing saved the city more than \$80,000 per year.

For more information on the cost savings of permanent supportive housing, view our [policy brief](#) on chronic homelessness or visit our [interactive tool](#) on the subject.

While seemingly counterintuitive, these examples clearly demonstrate that a housing-based approach to homelessness is not only more cost-effective than a shelter-based approach, but more effective in the long term. By focusing our resources on ending homelessness, we can make real progress toward eradicating the social problem while helping the country's most vulnerable residents.

References

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- From the website of the National Law Center on Homelessness and Poverty, May 8, 2000.
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- Slevin, Peter, *Life After Prison: Lack of Services Has High Price*. *The Washington Post*, April 24, 2000.
- Office of Policy Development and Research, U.S. Department of Housing and Urban Development, *Evaluation of the Emergency Shelter Grants Program, Volume 1: Findings* September 1994. p 91.
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Cost-Effectiveness Studies

The Patterns and Costs of Services Use among Homeless Families

Dennis Culhane, Jung Min Park, Stephen Metraux

October 2011

This study examines families' use of behavioral health hospitalization and foster care placement prior to, during and following shelter use, comparing families based on shelter pattern and type of housing exit. Results show that inpatient and foster care services use drops in the homelessness period, but rebounds following exit, regardless of pattern of shelter use, and type of housing exit. Results suggest that shelters supplant use of services, but not on a sustained basis...

Beds Not Buses: Housing vs. Transportation Costs for Homeless Students

National Law Center on Homelessness and Poverty

September 2011

A report released by the National Law Center on Homelessness & Poverty shows that providing affordable housing to homeless families is more cost-effective than providing federally mandated transportation for homeless students.

Costs Associated With First-Time Homelessness For Families and Individuals

Jill Khadduri, Josh Leopold, Brian Sokol, and Brooke Spellman

March 2010

This study measures costs associated with first-time homeless individuals and families incurred by homeless and mainstream service delivery systems in six communities. Unaccompanied individuals were studied in Des Moines, Iowa; Houston, Texas; and Jacksonville, Florida. Families were studied in Houston, Texas; ...

Cost of Rural Homelessness: Rural Permanent Supportive Housing Cost Analysis

Melany Mondello, Jon Bradley, Tom Chalmers McLaughlin, and Nancy Shore

May 2009

This study is the first-ever statewide study of supportive housing in a rural setting, demonstrating that affordable housing with attached services is also effective outside of large metropolitan areas. The study found that rural supportive housing is less expensive than homelessness and provides people ...

Effect of a Housing and Case Management Program on Emergency Department Visits and Hospitalizations Among Chronically Ill Homeless Adults: A Randomized Trial

Laura S. Sadowski, Romina A. Kee, Tyler J. VanderWeele, and David Buchanan

May 2009

The Chicago Housing for Health Partnership (CHHP) is a "hospital-to-housing" effort that identifies chronically ill homeless individuals at hospitals, moves them to permanent supportive housing, and provides them with intensive case management services so that they can maintain their health and ...

Supportive Housing Means Less Time in Mental Health, Nursing Homes, Prisons

The Heartland Alliance Mid-America Institute on Poverty

April 2009

This analysis focused on 177 supportive housing residents in Illinois and the impact of supportive housing on their use of expensive, primarily publicly-funded services. Analysis compared the 2 years before they entered supportive housing with the 2 years after. Data were collected on these residents from ...

Health Care and Public Service Use and Costs Before and After Provision of Housing for

Chronically Homeless Persons With Severe Alcohol Problems

Mary E. Larimer, Daniel K. Malone, Michelle D. Garner, David C. Atkins, Bonnie Burlingham, Heather S. Lonczak, Kenneth Tanzer, Joshua Ginzler, Seema L. Clifasefi, William G. Hobson, and G. Alan Marlatt
April 2009

Chronically homeless individuals with severe alcohol problems often have multiple medical and psychiatric problems and use costly health and criminal justice services at high ...

Where We Sleep: Costs When Homeless and Housed in Los Angeles

Daniel Flaming, Patrick Burns, Michael Matsunaga, Gerald Sumner, Manuel H. Moreno, Halil Toros, and Duc Doan
2009

The purpose of this study was to identify public costs for different types of homeless individuals when they are housed and when they are not housed, the extent to which any cost savings when housed are sufficient to pay the cost of housing, and the public agencies that bear ...

Frequent Users of Health Services Initiative: Final Evaluation Report

Karen W. Linkins, Jennifer J. Brya, and Daniel W. Chandler, PhD
August 2008

The Frequent Users of Health Services Initiative was a five-year, \$10 million project jointly funded by The California Endowment and the California HealthCare Foundation. Frequent users are a small group of individuals with complex, unmet needs not effectively addressed in the high-cost acute care settings of ...

Cost and Threshold Analysis of Housing as an HIV Prevention Intervention

David R. Holtgrave, Kate Briddell, Eugene Little, Arturo Valdivia Bendixen, Myrna Hooper, Daniel P. Kidder, Richard J. Wolitski, David Harre, Scott Royal and Angela Aidala
July 2007

The Housing and Health study examined the effects of permanent supportive housing for homeless and unstably housed persons living with HIV. While promising as an HIV prevention intervention, providing ...

Accountability, Cost Effectiveness and Program Performance: Progress since '98

Dennis P. Culhane, Wayne D. Parker, Barbara Poppe, Kennen S. Gross and Ezra Sykes
March 2007

In the report "Accountability, Cost Effectiveness and Program Performance: Progress since 1998," the authors summarize the progress made in the past decade toward making homeless assistance programs more accountable to funders, consumers, and the public. They observe that research on the costs of ...

Denver Housing First Collaborative Cost Benefit Analysis and Program Outcomes Report

Jennifer Perlman and John Parvensky
December 11, 2006

The Colorado Coalition for the Homeless created the Denver Housing First Collaborative (DHFC) in 2003 with funding provided by a collaboration of federal agencies. The DHFC is designed to provide comprehensive housing and supportive services to chronically homeless individuals with disabilities. Initial federal funding created the ...

Impact of Permanent Supportive Housing on the Use of Acute Health Services by Homeless Adults

Tia E. Martinez and Martha R. Burt
July 2006

This analysis examined the impact of permanent supportive housing on the use of acute care public health services by homeless people with mental illness, substance use disorders, and other disabilities. The sample consisted of 236 single adults who entered supportive housing at two San Francisco sites. Eighty percent had a diagnosis of dual ...

Estimated Cost Savings Following Enrollment in the Community Engagement: Program Findings from a Pilot Study of Homeless Dually Diagnosed Adults

Thomas L. Moore

June 2006

This report discusses the estimated cost-benefits of providing community-based therapeutic care and case management to adults experiencing chronic homelessness and multiple disabling conditions. The treatment approach used was adapted from the empirically tested Assertive Community Treatment (ACT) model and is locally referred to as the Community Engagement Program ...

Impact of the San Diego Serial Inebriate Program

James V. Dunford, Edward M. Castillo, Theodore C. Chan, Gary M. Vilke, MD, Peter Jenson and Suzanne P. Lindsay

January 2006

The study examines the impact of the San Diego Serial Inebriate Program on the use of emergency medical services (EMS), and emergency department (ED) and inpatient services by individuals repeatedly arrested for public intoxication. This was a retrospective review of ...

Cost-effectiveness of Supported Housing for Homeless Persons With Mental Illness

Robert Rosenheck, Wesley Kasprow, Linda Frisman, and Wen Liu-Mares

September 2003

In 1992, the US Department of Housing and Urban Development (HUD) and the US Department of Veterans Affairs (VA) established the HUD-VA Supported Housing (HUD-VASH) program to assist homeless veterans with mental illness and/or substance abuse disorders. In this study, homeless veterans with psychiatric ...

Cost-effectiveness of Critical Time Intervention

Kristine Jones

2003

Cost-effective programs are needed to assist homeless persons with severe mental illness in their transition from shelters to community living. This study investigated the cost-effectiveness of the critical time intervention program, a time-limited adaptation of intensive case management...

Capitated Assertive Community Treatment Program Savings: System Implications

Daniel Chandler and Gary Spicer

September 2002

In a California county of one million people, 4% of all clients served in 1994 were found to use 38% of publicly funded mental health services. A controlled experiment was designed to test whether a capitated Assertive Community Treatment (ACT) program could produce outcomes that were equivalent or better than "usual services" for a ...

Costs and Effectiveness of Substance Abuse Treatments For Homeless Persons

Joseph E. Schumacher, Stephen T. Mennemeyer, Jesse B. Milby, Dennis Wallace and Kim Nolan

June 2002

This study presents a cost analysis of two randomized controlled studies comparing four drug addiction interventions for homeless persons. The studies controlled for some limitations of previous research in this area including random

assignment. Findings are based on treatment costs obtained ...

Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness

Dennis P. Culhane, Stephen Metraux, and Trevor Hadley

January 2002

This article assesses the impact of public investment in supportive housing for homeless persons with severe mental disabilities. Data on 4,679 people placed in such housing in New York City between 1989 and 1997 were merged with data on the utilization of public shelters, public and private hospitals, and correctional ...

Cost-Effectiveness of Services For Mentally Ill Homeless People

Robert Rosenheck

October 2000

About one-quarter of homeless Americans have serious mental illnesses. This review synthesizes research findings on the cost-effectiveness of services for this population and their relevance for policy and practice. Service interventions for seriously mentally ill homeless people were grouped into three overlapping categories: 1) outreach, 2) case management, ...

Cost Effectiveness of Assertive Community Treatment

Anthony F. Lehman

1999

Homelessness is a major public health problem among persons with severe mental illness (SMI). Cost-effective programmes that address this problem are needed. This study evaluates the cost- effectiveness of an assertive community treatment (ACT) programme for these persons in Baltimore, Maryland...

Hospitalization Costs Associated With Homelessness in New York City

Sharon A. Salit, Evelyn M. Kuhn, Arthur J. Hartz, Jade M. Vu, and Andrew L. Mosso

June 11, 1998

Homelessness is believed to be a cause of health problems and high medical costs, but data supporting this association have been difficult to obtain. In this study, researchers compared lengths of stay and reasons for hospital admission among homeless and other low-income persons in New ...

Cost-effectiveness evaluation of three approaches to case management

Nancy Wolff

1997

In this study the authors compared the cost-effectiveness of three approaches to case management for individuals with severe mental illness who were at risk for homelessness: assertive community treatment alone, assertive community treatment with community workers, and brokered case management (purchase of services). Individuals were randomly assigned to the three treatment conditions and followed for 18 months...

Housing cost for adults who are mentally ill and formerly homeless

Barbara Dickey

1997

The goal of this study was to evaluate the costs, under two different housing conditions, to the state mental health agency of caring for adults who are homeless and mentally ill...

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HUD Releases Homelessness Cost Studies

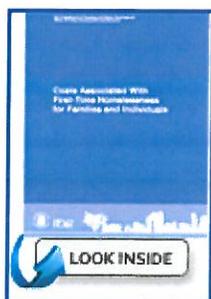
by [Richard W. Brown](#) on March 25, 2010 · [0 comments](#)

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Three Studies Document Cost Savings

The Department of Housing and Urban Development released three studies on Thursday March 25, 2010 – on the cost of ‘first-time’ homelessness; life after transitional housing for homeless families; and strategies for improving access to mainstream benefits programs.



HUD’s cost study – *[Costs Associated with First-Time Homelessness for Families and Individuals](#)* - is “the most comprehensive research on the price tag associated with first-time homelessness and creates a foundation to compare the costs of various homeless interventions.”

When taken together, HUD’s three studies released today should inform policy discussions on what are the most effective strategies for assisting homeless persons and families in the future.

According to Dennis Culhane, a University of Pennsylvania, many communities probably don’t know that they are spending as much “to maintain a cot in a gymnasium with 100 other cots” as it would cost to rent an efficiency apartment. *“We are paying for a form of housing that is largely substandard, and we are paying as much, if not more, than standard conventional housing.”*

“These studies expand our knowledge of the true costs of homelessness and raises other questions that go far beyond dollars and cents,” said HUD Secretary [Shaun Donovan](#). “Now we need to have a serious discussion over what strategies are not only most cost effective, but how we can help individuals and families from falling into homelessness in the first place.”

According to HUD, this report reveals that most of those individuals and families studied experience homelessness only once or twice and use emergency shelter for a limited period of time at fairly low cost. However, HUD also found that some of these households experience longer periods of homelessness and use more expensive programs. While overnight emergency shelter for individuals have the lowest costs, these shelters offer the fewest services in the least private settings and are often open only during evening hours. By contrast, transitional housing is the most expensive model for individuals, frequently offering more privacy and a comprehensive range of on-site services.

HUD’s cost study found:

1. Average costs for individuals are much lower than for families, with overnight stays at an emergency shelter for individuals having the lowest daily costs;
2. For individuals, transitional housing proves more expensive than permanent supportive housing largely because services for transitional housing were usually offered directly by on-site staff than by mainstream service providers;
3. For families, emergency shelters are usually equally or more expensive than transitional and permanent supportive housing because family shelters often offer 24-hour access and private units;
4. In the three sample areas studied, first-time homeless individuals were predominantly male averaging between 39-41 years old; and
5. Female individuals had fewer stays, but used homeless programs 74 percent longer than their male counterparts.

Average Monthly Cost by Homeless Program Type

Individual Sites	Emergency Shelter	Transitional Housing	Permanent Supportive Housing
Des Moines	\$581	\$1,386	\$537
Jacksonville	\$799	\$870	\$882
Houston	\$968	\$1,654	\$966
Family Sites			
Houston	\$1,391	\$3,340	\$799
Kalamazoo	\$1,614	\$813	\$881
Upstate S.C.	\$2,269	\$1,209	\$661
Washington	\$3,530	\$2,170	\$1,251

The [Life after Transitional Housing for Homeless Families](#) study followed 195 families in 36 transitional housing programs in five communities for three, six and 12 months after leaving the program. The five study communities were Cleveland/Cuyahoga County, Ohio; Detroit, Michigan; Houston and Harris and Benton Counties, Texas; San Diego City and County, California; and Seattle/King County, Washington.

Among the study's findings:

1. Participants in smaller transitional housing programs were more likely to have their own place to live after moveout and more likely to live with the same household members at the beginning and end of the follow-up year. Participants in larger programs experience higher levels of educational attainment at moveout.
2. In some respects, longer stays in transitional housing produced important benefits including higher levels of educational attainment and employment and a greater likelihood of continued employment during the follow-up year. Families spending more months in transitional housing were significantly more likely to have a place of their own for an entire year after leaving the program.
3. While transitional housing programs produced increasingly positive outcomes for families with longer stays, HUD found the number of barriers facing families did not impact outcomes. Given the significant costs associated with service-intensive transitional housing programs, HUD's report brings into question whether this housing model is the most appropriate intervention for those families who do not have significant barriers to housing.

The [Strategies for Improving Homeless People's Access to Mainstream Benefits and Services](#) studied seven communities (Albany/Albany Co., NY; Albuquerque, NM; Metropolitan Denver; Miami-Dade Co., FL; Norfolk, VA; Portland, ME; and Pittsburgh/Allegheny Co., PA) to document how communities mobilized to improve homeless people's access to mainstream benefits and services in light of HUD's goal of dedicating a larger portion of HUD homeless assistance funding to housing.

Communities that experienced the greatest success had a strong central organization intent upon improving access of homeless individuals and families to mainstream service. Typically, communities were successful at reducing structural barriers to benefits, such as physical access, complexity and length of application processes, and rules for documenting eligibility. In addition, the study finds evidence that people exiting HUD-funded programs were likely to be connected to mainstream benefits at rates that exceeded national rates for 2007. These communities had the most success enrolling persons and families for food stamps and General Assistance. However, communities struggled with overcoming barriers that were beyond their control, such as eligibility requirements of programs, such as TANF and Medicaid, and capacity barriers, such as an insufficient number of slots available in mainstream treatment programs for substance abuse or mental health services.

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Additional Reading...

Temporary Assistance for Needy Families Information Memorandum

U.S. Department of Health and Human Services
Administration for Children and Families
Office of Family Assistance
Washington, DC 20447

No. TANF-ACF-IM-2013-01

Date: February 20, 2013

- TO:** State, Territory, and Tribal agencies administering the Temporary Assistance for Needy Families (TANF) Program
- SUBJECT:** USE OF TANF FUNDS TO SERVE HOMELESS FAMILIES AND FAMILIES AT RISK OF EXPERIENCING HOMELESSNESS
- REFERENCE:** Title IV-A, section 404 (a)(1) of the Social Security Act
- PURPOSE:** This Information Memorandum discusses the importance of addressing family homelessness with allowable uses of Temporary Assistance for Needy Families (TANF) funds for families experiencing and at risk of experiencing homelessness.
- BACKGROUND:** According to the U.S. Department of Housing and Urban Development (HUD), on a single night in January 2012 there were 239,403 persons in families experiencing homelessness.
- The characteristics of families experiencing homelessness are very similar to other poor families with housing. The typical family experiencing homelessness is headed by a single mother under 30 with two young children, and a majority of children in these households are age five or under. Studies show that homeless children and children in low-income households, who may be at-risk of homelessness, have poorer physical and mental health (e.g., asthma, anxiety, depression) and are more likely to be delayed developmentally than their higher-income peers. Due to their high mobility, homeless children are less likely to have a regular source of medical care and are more likely to perform poorly in school.
- This common profile of these families suggests that many of them may be eligible for TANF. They are extremely poor. Preliminary data from HUD's current multi-city study *The Impact of Housing and Services Interventions on Homeless Families* shows that the annual median income of homeless families is under \$7,500, and nearly a third of these families report annual incomes below \$5,000. The study indicates that 41 percent of families receive TANF cash assistance. Many others may be income-eligible, but are not receiving TANF support.

Many of the mothers have a history of employment, but are not employed during episodes of homelessness. In addition to a lack of stable housing, homeless parents have barriers to employment similar to those that other low-income parents on TANF face, including limited education and work experience. Families experiencing homelessness require access to the same supports that other low-income families rely on to transition successfully to employment. This includes quality child care and transportation. For some parents with very limited work experience, this can include very intensive or specialized employment support. For all families experiencing homelessness who must rely on earnings from income to access and maintain rental housing, connection to work is an urgent need.

To help prevent the growth of homelessness during the recent economic recession, the American Recovery and Reinvestment Act (ARRA) appropriated \$1.5 billion to HUD in 2009 for a three-year Homelessness Prevention Fund. The Homelessness Prevention and Rapid Re-housing Program (HPRP) funded short- to medium-term financial assistance to help prevent a homeless episode or to help facilitate a family's rapid transition out of shelter or transitional housing. HPRP also funded housing-related case management services to help families with housing search, landlord negotiation, and the promotion of housing retention by ensuring that families are connected to ongoing supportive services, including employment supports. Early analysis by HUD indicates that most homeless families who received assistance under HPRP to transition back into housing remain housed and have not returned to shelter.

Given the importance of a stable housing platform for the well-being of children as well as for providing a foundation to improve the employment outcomes and economic self-sufficiency of families, TANF agencies may consider providing resources to help eligible families avoid or exit homelessness. TANF agencies may also consider coordinating the provision of employment services and benefits with local homeless service providers. This can facilitate the integration of housing and employment interventions across the two service systems and minimize the incidence and duration of family homelessness.

Federal departments define homelessness differently; however, there is no federal definition of homelessness for the purposes of TANF. Each state has discretion over which families it considers homeless, and most definitions capture families who are eligible for TANF.

POLICY:

The Administration for Children and Families recognizes the importance of addressing homelessness and encourages TANF jurisdictions to consider the implementation of interventions that connect families to permanent housing with coordinated supportive services to help families improve their lives and avoid future homelessness.

Allowable Uses of TANF

As a general rule, agencies administering TANF must use federal TANF funds and state Maintenance of Effort (MOE) funds to provide a range of benefits and services for needy families with a child (or a pregnant woman). Services include both assistance (payments to cover basic needs such as food, clothing, and shelter) and “non-assistance” (e.g., supportive services, work subsidies, programs that aim to prevent and reduce out-of-wedlock pregnancies or encourage the formation and maintenance of two-parent families). Such expenditures must satisfy one or more of the four statutory purposes of the TANF program. The purposes most applicable to the needy homeless population are: (1) to provide assistance to needy families; and (2) to end dependence of needy parents by promoting job preparation, work, and marriage. In sum, this means that TANF jurisdictions have the discretion to offer a wide range of relevant benefits and services to their needy populations. Accordingly, TANF jurisdictions are encouraged to think about the following four conceptual areas and to consider the adoption of benefits and services to end homelessness.

Addressing Housing Needs

Federal TANF and MOE funds may be used to address the housing-related needs of families who are homeless or precariously housed, consistent with TANF rules on providing benefits and services to needy or eligible families. Families do not have to be receiving TANF cash assistance in order to qualify for housing services, although those receiving a cash grant may use TANF assistance to pay for housing. States may adjust cash benefit levels in relation to housing costs and/or provide a housing supplement to cash assistance grants. Along with providing ongoing basic assistance, a TANF program can provide an array of non-recurrent, short-term benefits and services. In order to fall under this category, these must be designed to extend no longer than four months and must address a specific crisis situation rather than meet ongoing needs. For example, a jurisdiction can use federal TANF and MOE funds to provide short-term rental or mortgage assistance (to prevent eviction or help a homeless family secure housing), security and utility payments, moving assistance, motel and hotel vouchers, case management services, financial and credit counseling, legal services, housing search and placement services, and administrative costs associated with any of these activities. Also, TANF funds can be used in coordination with HUD’s targeted homeless assistance grants programs – the Continuum of Care (CoC) program and the Emergency Solutions Grants (ESG) program – to maximize the impact of both resources. For example, TANF could be used to pay for rental assistance while ESG is used to pay for supportive services to help a family remain housed.

Coordinating Services to TANF-eligible Homeless Families

Federal TANF and MOE funds can also be used for a wide variety of other supportive services, such as mental health or non-medical substance abuse treatment, and various employment services, that may be critically needed

by homeless families. We note that federal TANF funds and commingled funds (i.e., a blend of federal TANF and MOE funds) cannot be used for medical services whereas segregated and separate MOE funds can. TANF agencies, or community-based organizations they contract with, can offer comprehensive approaches that include multiple programs and supports, such as combining a housing benefit with transportation, childcare, and/or job placement services. TANF agencies can also partner with local homeless providers to coordinate and streamline services delivered across the two service systems. At the caseworker level, coordination can facilitate the integration of both housing and employment interventions, improving the performance of both service systems and enhancing the outcomes of families. Co-location of staff can be used to help ensure vulnerable families are connected to the full array of assistance they need to achieve self-sufficiency. Developing mechanisms to share client-level data can help both systems evaluate their performance in minimizing homelessness, increasing self-sufficiency, refining interventions, and improving the targeting of scarce resources.

Employment Services

A range of employment-specific services are allowable as general supportive services, including but not limited to education, job training, job placement and subsidized employment services. The role of employment in reducing homelessness is critical. Homeless families and individuals require sustainable employment to pay for housing. When families have sustainable employment, they become less dependent on services such as rental assistance. This, in turn, makes scarce agency resources available to other program areas, and may allow agencies to provide rental assistance to a greater number of homeless families and individuals.

State homeless service agencies have demonstrated a variety of strategies and structures for implementing employment services into their work. Whether an agency partners with its state and/or local TANF agency and Workforce Investment Board for employment services, or provides in-house, specialized employment services aimed at meeting the specific needs of their clients, an integrative, collaborative approach to employment and housing services empowers clients to attain social and economic self-sufficiency and independence. Improving coordination between the provision of housing and employment services can help each system improve its overarching goals. Permanent housing provides a stable platform that allows parents to achieve their employment goals and increase self-sufficiency. Successful connection to employment increases a family's income and promotes a family's overall housing stability.

Partnerships

In addition to offering a range of benefits and services, TANF agencies can serve as active partners in statewide, regional, and local homeless efforts, such as the Continuum of Care. The expertise of TANF agency

leaders can be helpful in ensuring state and local efforts are deploying the full array of available supports to prevent and end family homelessness. Partnerships can also lead to the identification of strategies that TANF agencies can adopt to minimize homelessness among families receiving assistance. To identify the Continuum of Care to contact in your area, visit <http://www.hudhre.info/index.cfm?do=viewCocMaps>.

**STATE TANF
AGENCY
INITIATIVES:**

State TANF agencies run a large variety of programs to address and prevent family homelessness, and at times form partnerships between the TANF program and other government or private stakeholders. States have great flexibility in serving needy families, including those who are homeless or at risk of becoming homeless. Following are several examples of how states have used TANF to serve homeless families.

Massachusetts

In Massachusetts, the Department of Housing and Community Development (DHCD) partners with the TANF program by providing Homeless Coordinators, who ensure that homeless families have access to shelter, and help quickly re-house homeless families into permanent housing. DHCD has a special unit charged with the mission of preventing homelessness, sheltering those for whom homelessness is unavoidable, and rapidly re-housing families experiencing homelessness in stable, permanent housing. The work is guided by the Massachusetts Commission to End Homelessness' Plan to End Homelessness and the Interagency Council on Housing and Homelessness.

DHCD administers the Emergency Assistance (EA) Shelter Program to TAFDC (Transitional Aid to Families with Dependent Children) Families, providing temporary emergency shelter and assisting these families in finding permanent housing. DHCD also administers a housing assistance program called the HomeBASE program. HomeBASE offers time-limited cash payments to families as an alternative to placement in an EA family shelter or a motel. To be eligible for HomeBASE assistance, a family must first be determined EA-eligible by DHCD.

New Jersey

After the success of an initial rapid re-housing demonstration project, launched in January 2010, New Jersey's Mercer County Board of Social Services (MCBOSS) implemented a second rapid re-housing pilot program, The Family Housing Initiative. MCBOSS was inspired by what they saw as a more responsive and less expensive way to rapidly house families and have them exit off of TANF through employment. The hallmark of the program is the creation of the Rapid Exit Team, comprised of nine in-house staff people. This team works with all homeless families who are TANF-eligible, providing intensive case management services designed to help families stabilize in their new housing and ensuring that

families have the resources they need to stay stably housed. Assistance in finding affordable housing is the primary goal. Employment services are another goal of The Family Housing Initiative's case management; families are also offered parenting support, budgeting assistance and child care. Families assisted with the Family Housing Initiative receive an average of five months of rental assistance and case management support, at an average cost of \$7,050 per household. Families in the Family Housing Initiative received more focused and specialized employment support than families assisted in the initial pilot. As families moved more quickly into employment, they required shorter amounts of rental assistance than families assisted in the first rapid re-housing pilot. The objective of the Rapid Exit Team is to move homeless cases from shelters/motels to permanent housing within 30 days utilizing both agency and external provider resources. All non-homeless, at-risk households are serviced by the remaining MCBOS social workers. All caseloads are smaller for both teams, and MCBOS reports that the use of existing staff helps to keep costs low and makes it easier to coordinate housing and employment interventions.

Since implementing the new approach, Mercer County has seen the average daily utilization of family emergency shelter and transitional housing decline by 20 percent and use of motel vouchers to accommodate families without shelter decline by 66 percent. Families are reconnecting to housing faster and spending less time in homeless assistance programs. With regard to employment outcomes, Mercer County reports that rapidly re-housed families appear to fare better than families with similar employment barriers but served through long-term transitional housing programs. A higher percentage of families exiting homelessness with rapid re-housing have income from work than families exiting transitional housing. In addition, their overall household incomes are higher: families exiting rapid re-housing have an average monthly household income of \$835, while families exiting transitional housing show an average monthly income of \$558.

Utah

In Utah, the Department of Workforce Services administers the Emergency Assistance Homelessness Prevention Program, which supplies immediate, short-term aid to families who are or would be eligible for the Family Employment Program, the state's TANF program. This one-time assistance will either help a family that is about to become homeless to maintain their housing or help a family that is already homeless to acquire housing. Services, which are subject to a 30-consecutive-day cap, include referrals to legal services to avoid eviction as well as assistance in utility, mortgage, and rent payments. Additional services are available through contractual partnerships with community-based housing authorities and other agencies to provide emergency rental assistance to families that are homeless or at risk of becoming homeless. Families receiving this

assistance are required to register for work and use the One-Stop Employment Centers to become work ready and search for jobs.

One local partnership is with The Road Home, the state's largest shelter provider to homeless families. The Road Home has broadly implemented rapid re-housing strategies to help families to transition as quickly as possible out of a shelter and into housing within the community. A TANF-funded employment specialist is co-located within the shelter program to conduct an employment assessment, helping to identify barriers to employment and evaluate what work supports may be needed, such as transportation and child care. This specialist also draws on resources to find suitable employment for parents with disabilities and limited job skills. While The Road Home works with the family to help find new housing, the employment specialist helps the parent(s) find employment so they can keep that housing. Families who are housed receive up to four months of rental assistance, funded by state TANF resources and managed by the Road Home, while they continue to look for employment. The Road Home extends rental assistance on an as-needed basis, relying on HUD resources (including HPRP) to help families who require more than four months of assistance. From October 2009 to the present, a total of 1,007 families were re-housed through this collaboration, 87 percent of which did not return to homelessness.

Washington

Washington uses its Diversion Cash Assistance (DCA) program to provide emergency assistance once in a 12-month period to families otherwise eligible for TANF assistance and who might otherwise become dependent on TANF assistance through the state's WorkFirst program. This short-term assistance may include vouchers or cash in payment for housing. In addition, WorkFirst participants may qualify for additional cash assistance if an emergency arises that could possibly result in events such as failure to obtain housing or eviction. This cash assistance is the least amount necessary in order to help the family overcome the emergency, and is typically paid directly to the involved third party.

OTHER INITIATIVES:

In addition, The Bill & Melinda Gates Foundation (The Gates Foundation) has formed collaborations with counties and organizations in Washington to address homelessness in the state. In 2000, working with Public Housing Authorities and other local and regional partners, they created the Sound Families Initiative with the goal of increasing transitional housing and connecting it with support services in three counties. The initiative facilitated the development of over 1,400 new housing units linked to five years of funding for a range of ongoing services. In 2007, The Gates Foundation expanded its efforts and is working to promote cross-system integration of mainstream and targeted resources to better align federal, state, and local funding resources, including TANF dollars, to help homeless families. The foundation is partnering with Building Changes, a

non-profit intermediary organization that works with a range of partners, including local and state governments and philanthropy and nonprofit providers, to reduce family homelessness by 50 percent by 2020 in King, Pierce, and Snohomish Counties. Each county is implementing programs aimed at preventing homelessness and rapidly re-housing those that do become homeless; coordinating and tailoring services; matching clients in need to the right programs; and providing education and workforce opportunities to family members. In 2011, a coordinated entry and assessment system for families was launched in Pierce County and a pilot system was launched in Snohomish County. A similar system began operating in King County in 2012, with goals of simplifying client service access, tracking outcomes, and enhancing effectiveness.

In Chicago, *A Safe Haven* is an innovative social enterprise business that assists homeless individuals and families, some TANF-eligible, to become self-sufficient with permanent subsidized housing and employment by providing supportive housing services, job training, addiction treatment, life skills training, and education. The organization's job training programs allow residents to graduate as entry-level specialists in fields such as housekeeping, pest control, landscape services, food services, and customer service.

These are only a few examples of practices and partnerships. When appropriate, we encourage jurisdictions to pursue evidence-based best practices, collaborations, and creative strategies to address homelessness.

RESOURCES:

Jurisdictions can refer to the following resources for more information about using TANF to serve homeless families:

Linking Human Services and Housing Assistance for Homeless Families and Families at Risk of Homelessness, by Alvaro Cortes, Lauren Dunton, Meghan Henry, Howard Rolston, and Jill Khadduri, Abt Associates, Inc., April 2012, available at:

<http://aspe.hhs.gov/hsp/12/LinkingServices2HomelessFamilies/index.shtml>

Human Services and Housing Supports to Address Family Homelessness: Promising Practices in the Field, Abt Associates, Inc., November 2011, available at: <http://aspe.hhs.gov/hsp/11/FamilyHomelessness/rb.shtml>

Housing Status Assessment Guide for State TANF and Medicaid Programs, by Tom Albanese, Michelle Wood, and Brooke Spellman, Abt Associates Inc., 2009, available at: <http://aspe.hhs.gov/hsp/09/HomelessnessDataHHS/HousingStatusGuide/index.shtml>

Toward Creating a Coordinated Entry and Assessment System for All Homeless Populations in King County, prepared by *Building Changes*,

April 2012, available at: <http://www.buildingchanges.org/news-room/heads-up/366-creating-coordinated-entry-system-in-king-county-wa>

Testing a Typology of Family Homelessness Based on Patterns of Public Shelter Utilization in Four U.S. Jurisdictions: Implications for Policy and Program Planning, 2007, available at: http://works.bepress.com/dennis_culhane/

Ending Family Homelessness in Washington State, prepared by the Bill & Melinda Gates Foundation, October 2011, available at: <http://www.gatesfoundation.org/topics/Documents/family-homelessness-strategy.pdf>

Ending Family Homelessness: National Trends and Local System Responses, National Alliance to End Homelessness and the Corporation for Supportive Housing, prepared for the Bill & Melinda Gates Foundation, October 2012, available at: <http://www.endhomelessness.org/library/entry/ending-family-homelessness-national-trends-and-local-system-responses>

Using TANF to Support and Improve Efforts to End Family Homelessness, National Alliance to End Homelessness, March 2010, available at: <http://www.endhomelessness.org/content/article/detail/2692/>

Homeless Children: Update on Research, Policy, Programs, and Opportunities, by Judith Samuels, Marybeth Shinn, and John Buckner, Policy Research Associates, Inc., May 2010, available at: <http://aspe.hhs.gov/hsp/10/HomelessChildrenRoundtable/index.pdf>

The HUD 2011 Point-in-Time Estimates of Homelessness: Supplement to the Annual Homeless Assessment Report, available at: http://www.hudhre.info/documents/PIT-HIC_SupplementalAHARReport.pdf

For more information The Bill and Melinda Gates Foundation and its homelessness initiatives, visit: <http://www.gatesfoundation.org/topics/Pages/housing-homelessness.aspx>

For more information about Building Changes and the Washington Families Fund, visit: www.buildingchanges.org

For more information about A Safe Haven in Chicago, Illinois, visit: www.asafehaven.org

For more information about the Mercer Alliance to End Homelessness and the work being done in Mercer County, New Jersey, visit: www.merceralliance.org

For more information about homelessness, visit: www.usich.gov

INQUIRIES: Please direct inquiries to the TANF Program Manager in your Region.

/s/

Earl S. Johnson
Director
Office of Family Assistance

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

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 initial 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.

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 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;

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 + 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

- 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 has been “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 has been “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

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

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

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."

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 HUD 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 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 Veterans Affairs Supported Housing (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 the U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs Supported Housing (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 Department of Veteran Affairs (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 that are now stabilized;
- are ready for independent housing in the community but need ongoing case management services to maintain it;
- have some type of income to pay for a portion of their housing; 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 Veterans Affairs Medical Center (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 re-housing also applies to emergency shelters and transitional housing programs. The goal is to shorten the length of stays in these programs. A length of stay in shelters should be 30 days or less and three to four months in transitional housing programs. During these periods of times, the goal should be to rapidly re-house residents as quickly as possible and provide appropriate social or wrap-around services after they are housed. Also, as a result, more persons are served and there is a lesser need for more shelter and transitional housing 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.

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

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.

RECOMMENDATION 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 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;
- 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%).

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>.

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.

Other 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.

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 Recommendation 6
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;	Applies to all recommendations
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	Included 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	Applies to all recommendations
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.	
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	Included in Recommendation 6

supportive services	
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

3/21/2013

Hope Through Housing

Changing The World.
One Family, One
Community At A Time

CORE Values

- **Community** -- We build and operate great communities where our residents and neighbors can thrive.
- **Optimism** -- We believe in the ability of people to strive for better lives, and we empower them with the means to achieve their dreams.
- **Respect** -- We serve our residents, employees and partners with utmost respect.
- **Excellence** -- We strive for the highest standards in design, construction, property management, customer and social service recognizing that we have a fiduciary responsibility to our residents, employees and partners.

Who We Are

- * National Community Renaissance (National CORE) is a national housing development organization dedicated to neighborhood revitalization and enhancement by building and managing quality, service-enriched affordable housing.
- * We are currently serving over 27,000 residents in California, Texas, Arkansas and Florida.

Who We Are



- * Hope Through Housing Foundation is a non-profit community development and transformation organization designed to foster self-sufficiency and civic and social engagement in the residents and neighborhoods we serve.
- * We achieve this by promoting opportunity and independence to the wide variety of residents in our communities regardless of what stage they are in life.
- * We are currently serving 29 communities across the nation.

Our Mission and Focus



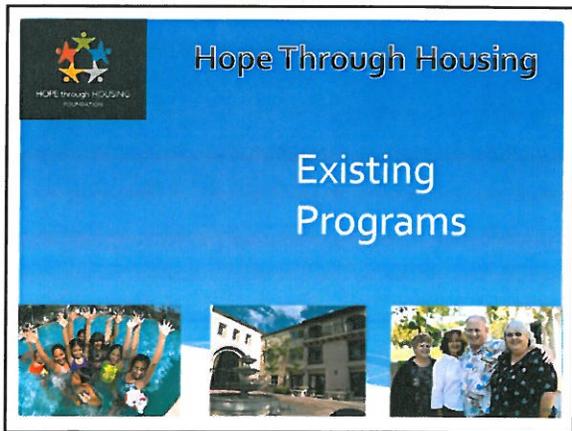
We seek to permanently transform the communities we serve by providing safe, high quality housing and community infrastructure, while measurably improving the academic, social and economic lives of our residents.

Focus Areas:

- * Family Self-Sufficiency
- * Education Initiatives
- * Senior Wellness and Special Populations

Hope Through Housing

Existing Programs



Focus Areas

- Early Education
- Youth Development
- Senior Wellness

Early Education

- * Partnerships with Head Start, State Preschool and First 5 programs
- * Center Based Preschool Programs

Why focus on Preschool Children?

- * Multiple studies show that children who attend a quality preschool program get a better start in life, perform better in school and are less likely to turn to crime later in life.
- * Effective early education programs serving at-risk children have also been proven to produce enormous economic returns.
- * The High/Scope Perry Preschool program cut crime, welfare, and other costs so much that it saved the public more than \$16 for every \$1 invested including more than \$11 in crime savings.
- * Other benefits include savings to the public education system and increased future earnings for children enrolled in quality preschool programs.

After School and Beyond

- Character building, violence and substance abuse prevention
- Computer labs and multimedia studios
- Mentoring and leadership
- Community service and civic engagement
- Health and physical education



NATIONAL COMMUNITY REPAIRS

After School and Beyond

After School and Beyond, Hope's signature after-school program, helps children in grades K-8 complete their homework, improve reading skills, build self-confidence, and develop social skills. It is developed around best practices for improving outcomes among at-risk children and youth. Each site offers a combination of project-based learning and enrichment opportunities for youth.

- **KidzLit Balanced Literacy** increases struggling readers' motivation to read and helps them develop solid literacy skills.
- **Virtual Vacations** allow students to virtually travel to different locations and explore the language, history, and culture of other places while developing their academic skills.
- **PeaceBuilders**, a nationally acclaimed violence prevention program incorporates peaceful principles and language into everyday activities helping children develop problem solving and conflict resolution skills.
- **Daily Recreation and Nutrition Education** helps fight the growing epidemic of childhood obesity among low income children.
- Youth selected "Clubs" such as sports clubs, arts clubs, and others offer youth enrichment opportunities and opportunities for leadership.

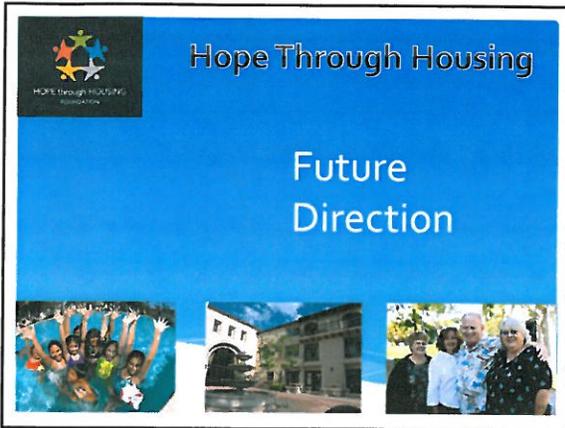
NATIONAL COMMUNITY REPAIRS

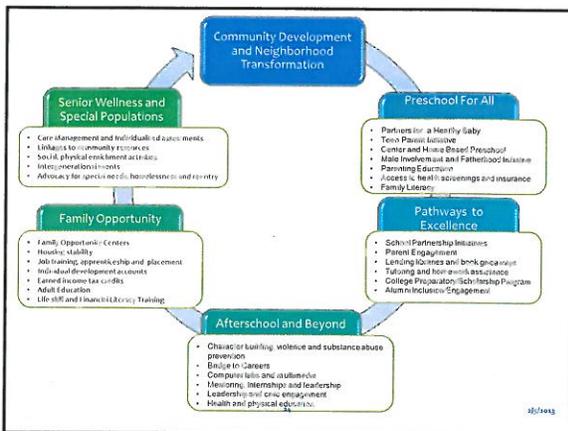
Seniors and Special Populations

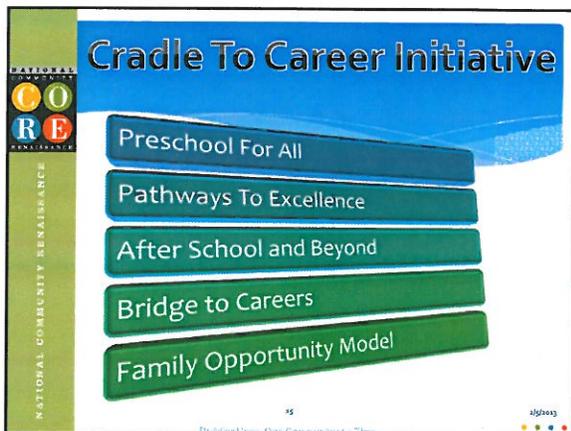
- Care Management
- Individualized assessments
- Linkage to community resources and assistance with benefit
- Social, mental and physical engagement
- Intergenerational events
- Special Populations include special needs, homeless and reentry



NATIONAL COMMUNITY REPAIRS







Preschool For All

A Dual Generational Strategy that includes:

- * Partners for a Healthy Baby
- * Parenting Education
- * Access to health screenings and insurance
- * Lending libraries and book giveaways
- * Family Literacy



NATIONAL COMMUNITY RENAISSANCE

HOPE through HOUSING

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Why focus on a Dual Generational Strategy?

Decades of research show that when parents are involved students have:

- * Higher grades, test scores, and graduation rates
- * Better school attendance
- * Increased motivation, better self-esteem
- * Lower rates of suspension
- * Decreased use of drugs and alcohol
- * Fewer instances of violent behavior

State of Michigan-Parent Teacher Association

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Pathways to Excellence

- School Partnership Initiative
- Parent Engagement
- Lending libraries and book giveaways
- Tutoring and homework assistance



NATIONAL COMMUNITY RENAISSANCE

18

Double Jeopardy: How Third-Grade Reading Skills and Poverty Influence High School Graduation

The findings include:

- * 67% of American kids are not proficient in reading
- * One in six children who are not reading proficiently in third grade do not graduate from high school on time, a rate 4 times greater than for proficient readers.
- * The rates are highest for the low, below-basic readers: 23% of these children drop out or fail to finish high school on time, compared to 9% of children with basic reading skills and 4% of proficient readers.
- * Overall, 22% of children who have lived in poverty do not graduate from high school, compared to 6% of those who have never been poor.

NATIONAL COMMUNITY RENAISSANCE

Bridge To Careers

- Youth ages 17-25
- Educational Relevance
- Vocational Exploration and Training
- Apprenticeships and Internships
- On-The-Job Training Opportunities
- Special Track for Military Veterans



NATIONAL COMMUNITY RENAISSANCE

Apprenticeship Target Areas

Demand Occupations in:

- Manufacturing
- Logistics
- Construction
- Business Administration and Office Technology
- Child Care and Social Services

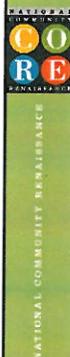
NATIONAL COMMUNITY RENAISSANCE



Why Are High School Graduation Rates So Important?

- * Entering the workforce without a high school diploma means an unemployment rate three and-a-half times the rate of those with a college degree.
- * For those who do find full-time work, they on average earn less than half of what a college graduate makes each year.
- * A high school graduate earns on average more than someone without a diploma, but still only 60 percent of what a college graduate makes each year.

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Why Are High School Graduation Rates So Important?

- * One in three California high school students does not graduate from high school on time
- * Of the half-million Californians who turn 20 each year, 120,000 do not have a high school diploma.
- * Across the country, 68 percent of state prison inmates did not receive a high school diploma.
- * A recent study projected that increasing graduation rates by 10% would reduce murder and assault rates by about 20%.
- * In other words, this would result in approximately 500 fewer murders and over 20,000 fewer aggravated assaults each year in California.

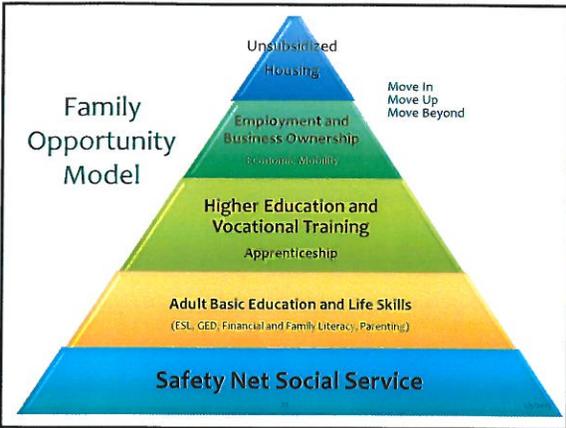
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Why Are High School Graduation Rates So Important?

- * A dropout is more than eight times as likely to be in jail or prison as a high school graduate and nearly 20 times as likely as a college graduate.
- * In 2009-10, the average cost to incarcerate an inmate in state prison was about \$46,700.
- * Over the past ten years, the average cost to incarcerate an inmate has more than doubled.
- * Of the ten largest states in the nation, California has the fifth highest incarceration rate.
- * Currently, there are about 165,000 inmates in California's prisons.

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Family Opportunity Model

A holistic approach that moves the whole family to their next level of success and a bundled services model that addresses barriers and challenges. Components include:

- Family Opportunity Centers
- Housing stability
- Job training and placement services
- Individual development accounts
- Health education and nutrition services
- Earned income tax credits
- Adult Education
- Life skills and Financial Literacy Training

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Questions?

97

3/21/2013



**Interagency Council on Homeless (ICH)
Presentation**

March 27, 2013

**Trudy Raymundo
San Bernardino County
Director of Public Health**

2011 Second Chance Act Grant

Public Health:

- ▶ Prepared the a Second Chance Act grant in 2011 due to increasing local public health & safety and social concerns regarding the high number of ex-offenders released into the County.
- ▶ Built on the original Public Health Reentry Task Force

SBCRC Goals & Objectives

- ▶ Continue to identify new stakeholders
- ▶ Strengthen existing relationships & collaborative efforts
- ▶ Conduct Asset Mapping to identify gaps in needed resources

SBCRC Activities

- ▶ Developed a strategic plan to that :
 - Addresses improved reintegration of the recently incarcerated into our communities, and
 - To reduce recidivism rates

SBCRC Housing Needs & Challenges

- ▶ Needs Assessment identified the need of housing by ex-offenders as high as 85%
- ▶ Housing is a challenge for the reentry population

SBCRC Housing Strategies

- ▶ Four (4) strategies were identified for housing:
 1. Advocacy and collaborations between cities, county, and state
 2. Create an infrastructure to provide quality reentry housing
 3. Research & develop "best practices" housing options
 4. Develop comprehensive marketing and communication strategies

