



## Agenda: Interagency Council on Homelessness

<b>Meeting date, time, and place</b>	<b>Date: April 24, 2013</b> <b>Time: 9:00 am – 11:00 am</b> <b>Place: Department of Behavioral Health, Training Institute</b> <b>1950 S. Sunwest Lane, Suite 200, Rooms Suoi and Agasga</b> <b>San Bernardino, California, 92408</b>
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**Note: Please remember to silence your cell phones.**

		Time
<b>Call to Order</b>	Chair or Designee will call the meeting to order	
<b>Invocation</b>	Chair or Designee will lead the Invocation	9:00 – 9:05 am
<b>Pledge of Allegiance</b>	Chair or Designee will lead the Pledge of Allegiance	
<b>Introductions</b>	Chair or Designee will lead the Introductions of the ICH Members and Staff	9:05 – 9:10 am
<b>Review Minutes</b>	Motion to approve minutes from the last ICH meeting	9:10 – 9:15 am
<b>Reports</b>	1. Homeless Provider Network – Sharon Green, Chair (10 min) 2. Office of Homeless Services – Tom Hernandez, Homeless Services Manager (10 min) 3. Subcommittee Reports – Chairs (5 min) 4. Legislative Report – Vikki Ostermann, Legislative Affairs (10 min) 5. Reentry Collaborating Report – Jose Marin, Public Health Special Project Coordinator (5 min)	9:15 – 9:55 am



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

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Item No.	Discussion Items
1	No Items
<b>Consent Items</b>	
2	Approve the Recalibration of the 10-Year Strategy – Tom Hernandez & Joe Colletti, Ph.D. (15 min.)     9:55 – 10:10 am
<b>Informational Items</b>	
3	Point-in-Time Count Data - Joe Colletti, Ph.D (10 min)     10:10 – 10:30 am Questions & Answers (10 min)
4	Foreclosure Prevention and Loan Modification Program- Kathy Brann (20 min.)     10:30 – 10:50 am
<b>Closing</b> 10:50 – 11:00 am	

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

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**Council Roundtable**     Open to comments by the Council

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

**May 22, 2013**  
**9:00 am – 11:00 am**  
**DBH – Training Institute**  
**1950 S. Sunwest Lane, Suite 200**  
**San Bernardino, CA 92408**

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*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.*

## Minutes for San Bernardino County Homeless Partnership Interagency Council on Homelessness

March 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"> <li>The meeting was called to order at 9:05 am.</li> </ul>
Introductions	Gary Madden	<ul style="list-style-type: none"> <li>Introductions were made by all ICH Members. Guests were also invited to introduce themselves.</li> </ul>
Presentation of Minutes	Gary Madden	<ul style="list-style-type: none"> <li>Minutes for February were accepted as presented.</li> </ul>
REPORTS	PRESENTER	ACTION/OUTCOME
Homeless Provider Network	Sharon Green	<ul style="list-style-type: none"> <li>The last HPN Meeting took place on Wednesday, March 20, 2013. <ul style="list-style-type: none"> <li>Ms. Green thanked Patricia Nickols from Community Action Partnership of San Bernardino County for their donation of 30 cases of meat to Victor Valley Family Resource Center.</li> <li>HMIS training is temporarily on hold with the exception of APR Training that will be held on April 10, 2013. There is a website for HMIS Helpdesk at <a href="mailto:DBH-HMIShelpdesk@dbh.sbcounty.gov">DBH-HMIShelpdesk@dbh.sbcounty.gov</a>.</li> <li>Manuel Aybar did a presentation on Project H.O.P.E.</li> <li>Fontana CAP will be hosting their annual resource fair on April 10, 2013 at the Jesse Turner Center. Please contact Linda Burton if you are interested in participating as a vendor.</li> <li>There is a SSI/SSDI, Outreach, Access and Recovery (SOAR) Training coming up in May. Contact Marleana Roman at (909) 252-4001 for registration.</li> </ul> </li> </ul>
Office of Homeless Services	Tom Hernandez	<ul style="list-style-type: none"> <li>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 <a href="http://www.sbcounty.gov/SBCHP">www.sbcounty.gov/SBCHP</a>. <ul style="list-style-type: none"> <li>On March 13<sup>th</sup> Secretary Donovan awarded nearly \$1.5 billion to support 7,000 homeless programs across the county. All of the County of San Bernardino Continuum of Care Renewal Programs in Tier 1 have been funded (see Report 2A). Please note, one correction to Report 2A, Life Community Development, the Gatekeeper is Transitional Housing.</li> <li>We are awaiting the final announcement for 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.</li> <li>There is approximately \$110 million left to be allocated; however, this amount is inefficient to fund all Tier 2 remaining projects. Tier 2 funding will most likely be as follows in the order of funding importance: <ol style="list-style-type: none"> <li>Tier 2 Renewals and Tier 1 New Projects</li> <li>CoC Planning Projects</li> <li>Permanent Housing Bonus</li> <li>New Projects</li> </ol> </li> <li>As a result of Sequestration, on March 1<sup>st</sup>, approximately \$85 billion in budgetary resources have</li> </ul> </li> </ul>

Office of Homeless Services <i>cont.</i>	Tom Hernandez	<p>been cancelled. This will result in a 5 percent overall cut to both Emergency Solutions Grants and CoC programs (see attached Report 2B). This means we have to provide more services with fewer resources.</p> <ul style="list-style-type: none"> <li>• The week of March 1<sup>st</sup>, Tom was contacted by Ashley Eden, Legislative Assistant for California United States Senator Dianne Feinstein as a follow-up to the concerns Senator Feinstein has regarding the high number of families with children experiencing homelessness within the County.</li> <li>• The Office of Homeless Services provided Ms. Eden with a list of agencies that provided services to families with children. 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. There is about 1,400 students in this program. She inquired about potential programs that would perhaps address this issue, so OHS submitted a quick pilot project draft that would provide for the creation of a Rapid Re-Housing Engagement Team.</li> <li>• 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.</li> <li>• 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. The Program would be targeted towards chronically homeless individuals, which represent approximately 30% of the overall homeless population.</li> <li>• A housing first approach was looked at to 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. 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. Another topic of discussion was the price and it was suggested to look at our current resources and what we have available for programs right now for potential funding. It would be a pilot project for 3 months, then evaluate and determine if there was a significant impact and if an engagement team program would be beneficial for the County. The council was informed that the cost will be approximately \$50,000.</li> <li>• 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.</li> <li>• 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).</li> <li>• 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 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.</li> <li>• The Homelessness Research Institute has developed interactive maps, calendars, and charts to</li> </ul>
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		<p>improve understanding of concepts related to ending homelessness. Check out the following website for more information: <a href="http://www.endhomelessness.org/pages/interactive_tools_solutions">http://www.endhomelessness.org/pages/interactive_tools_solutions</a>.</p> <ul style="list-style-type: none"> <li>• 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).</li> </ul>
Subcommittee Reports	Daryl Evey	<ul style="list-style-type: none"> <li>▪ Homeless Youth Taskforce <ul style="list-style-type: none"> <li>• OUR House has been working with Community Care Licensing to get licensed. Once the process is complete they will be the first and only licensed facility in San Bernardino County.</li> <li>• Also, they received federal funding for a drop-in center and for a street outreach team. They would like the drop-in center to be in San Bernardino and are currently looking at a location on Highland Avenue. The challenge is that the city is requiring they get a Conditional Use Permit. If anyone can help with this process, they would love your input.</li> <li>• They need to work on getting more referrals for Homeless Youth. They have changed their intake process to make it a smoother process.</li> <li>• The California Coalition for Youth will be hosting their annual conference in April. Amy Cousineau will be receiving the Mentorship Award this year.</li> </ul> </li> </ul>
Legislative Report	Victoria Ostermann	<ul style="list-style-type: none"> <li>▪ Ms. Ostermann reported that the continuing resolutions were signed by the President yesterday. We have two budgets, a Senate budget and House budget for fiscal year 2014. Now we need a Joint budget resolution in order to have a fiscal year 2014 Federal budget.</li> <li>▪ The ICH members were provided with a list of State Bills that may be of Interest to the ICH as a hand out (Copies are available upon request).</li> </ul>
<b>SPECIAL PRESENTATION</b>	<b>PRESENTER</b>	<b>ACTION/OUTCOME</b>
Acknowledgement of Appreciation to Community Action Partnership of San Bernardino County	Gary Madden	<ul style="list-style-type: none"> <li>▪ Gary Madden presented a plaque to Patricia Nickols, on behalf of Community Action Partnership of San Bernardino County, in appreciation for all their hard work and expertise with the Homeless Management Information System.</li> </ul>
<b>CONSENT ITEMS</b>	<b>PRESENTER</b>	<b>ACTION/OUTCOME</b>
Approve the Recalibration of the 10-Year Strategy	<p>Tom Hernandez</p> <p>Joe Colletti, Ph.D</p> <p>Public Comment</p> <p>Daryl Evey</p>	<ul style="list-style-type: none"> <li>▪ The ICH members were provided with a copy of the Recalibration of the 10-Year Strategy as a hand out (See attached Item #2). <ul style="list-style-type: none"> <li>• In August 2009, the County adopted the 10-Year strategy. Many agencies were involved with the creation of the Strategy. The Homeless Provider Network was tasked with Re-evaluating/Re-assessing the 10-year strategy. The result is the Recalibration of Results.</li> <li>• The current 10-year plan has 25 recommendations in it. The Recalibration of Results takes 21 of the 25 recommendations and rolls them into 13 recommendations. Out of the remaining four recommendations, two of them have been fulfilled including: <ol style="list-style-type: none"> <li>1. The creation of the ICH</li> <li>2. Appointing an advisory body to the ICH</li> </ol> </li> <li>• The two that are not recommended to be included concern an inclusionary housing policy and a local housing trust fund.</li> <li>• Concerns were issues with the removal of the housing trust fund and how it effects affordable housing. We can't end homelessness without Affordable Housing. Also suggested that employment be included into the strategy.</li> <li>• Concerned that the needs of the Youth are not included in this document.</li> </ul> </li> </ul>

	Roberta Keyes Gary Madden	<ul style="list-style-type: none"> <li>We are looking to be creative to utilize various types of funding to meet the goals.</li> <li>There is a general consensus that the Council would like to keep the two items. The Steering Committee is meeting directly after ICH and will take another look at this. Joe Colletti will come back with another draft for next month's meeting that would include the recommendations instead of removing them.</li> </ul>
<b>INFORMATIONAL ITEMS</b>	<b>PRESENTER</b>	<b>ACTION/OUTCOME</b>
Hope through Housing	Ron Griffin	<ul style="list-style-type: none"> <li>Ron Griffin provided a Power Point presentation on the Hope through Housing Foundation, existing programs, focus areas and their future direction. (Copies of handouts are available upon request).</li> </ul>
Reentry Strategic Plan (Housing Component)	Trudy Raymundo  Gary Madden	<ul style="list-style-type: none"> <li>Trudy Raymundo provided a Power Point presentation on the San Bernardino County Reentry Collaborative, Housing Needs and Challenges and Housing Strategies. Ms. Raymundo encouraged increased collaboration to support each other and avoid duplication. ICH members were provided with a copy of the Reentry Strategic Plan. (Copies of handouts are available upon request).</li> <li>We need to try to combine some efforts as we are trying to achieve the same objectives.</li> </ul>
<b>PUBLIC COMMENT</b>	<b>PRESENTER</b>	<b>ACTION/OUTCOME</b>
	Tom Hernandez	<ul style="list-style-type: none"> <li>Tom requested information on the Probation RFP. It closed on Monday and they received 6 applicants.</li> </ul>
<b>COUNCIL ROUNDTABLE</b>	<b>PRESENTER</b>	<b>ACTION/OUTCOME</b>
	Laura Orozco  Anthony Brazier  Sharon Green  Dan Nackerman	<ul style="list-style-type: none"> <li>Ms. Orozco asked ICH members to support and utilize the <i>Homeless Times Newspaper</i> as a tool. It is free and if you need any information please see Laura Orozco after today's meeting.</li> <li>Anthony introduced Di Patel, the owner operator of Best Ontario Inn. He has welcomed a lot of Foothill AIDS Project's clients. Mr. Patel is in escrow with purchasing property in the city of San Bernardino that can be converted for providers to meet with clients who will be staying on the property. Mr. Patel would appreciate any input.</li> <li>The Transitional Age Youth (TAY) center has a new residential treatment program that is up and running. For more information please contact (909) 763-4760 ext.100.</li> <li>Dan Nackerman passed out the latest Annual Report for Housing Authority. He will bring more to the next ICH meeting.</li> </ul>
<b>Adjournment</b>		Being no further business to discuss, the meeting was adjourned at 11:00 am.
<b>Next Meeting</b>		<p>Wednesday, April 24, 2013 at 9:00 am – 11:00 am</p> <p>DBH – Training Institute</p> <p>1950 S. Sunwest Lane, Suite 200, San Bernardino, CA 92408</p>

Office of Homeless Services  
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**Attendees at March 27, 2013 • Interagency Council on Homelessness**

BORING	CONNIE	Dept of Rehabilitation	909-383-4401	cboring@dor.ca.gov
BRAZIER	ANTHONY	Foothill AIDS Project	909-884-2722	abrazier@fapinfo.org
COLEMAN	REGINA	Principal Assistant County Counsel	909-387-3266	rcoleman@cc.sbcounty.gov
COUSINEAU	AMY	Network Officer - Children's Network	909-383-9677	acousineau@hss.sbcounty.gov
DOWDY	BRENDA	Superintendent of County Schools	909-386-2634	brenda_dowdy@sbcss.k12.ca.us
ESCALANTE	JOSEPHINE	"VA Medical Center	909-825-7084	josephine.escalante@va.gov
EVEY	DARRYL	Ed Family Assistance	760-843-0701	darryl@familyassist.org
OROZCO	LAURA	Fleld Representative	909-387-4565	jgonzales@bos.sbcounty.gov
GREEN	SHARON	Victor Valley Family Resource Center	760-887-1909	sharongreen50@verizon.net
MOSLEY	BILL	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
HUDSON	JAN	Planning Commissioner - City of Redlands	909-307-3400	jHUDSON@ielmcc.com
KEYES	ROBERTA	Community Member	951-213-8432	roberta.keyes@att.net
LUTTRELL	DEANNA	Program Specialist - OHS	909-252-4019	dluttrell@dbh.sbcounty.gov
MADDEN	GARY	Director - Inland Empire United Way	909-980-2857 ext. 211	gmadden@ieuw.org
MORRIS	GARNER	Community Service Liaison	760-955-2017	gmorris@bos.sbcounty.gov
MYLES	ANGELA	Exec. Director - House of Prayer	909-543-5744	director@hopgom.com
NACKERMAN	DAN	CEO - Housing Authority	909-890-0644	dnackerman@hacsb.com
NICKOLS	PATRICIA	Director - Community Action Partnership	909-723-1514	plnickols@capsbc.sbcounty.gov
OSTERMANN	VIKKI	Legislative Anaylst- Legislative Affairs	909-387-4777	vostermann@cao.sbcounty.gov
PASCO	ANGELA	Exec. Director - New Hope Village, Inc.	760-256-3656	newhopevillageinc@gmail.com
PAXTON	KENT	Mayor's Office - City of San Bdn	909-384-5133	paxton_ke@sbcity.org
RODDICK	ROBERT	Managing Attorney - Inland Counties Legal Services	951-320-7514	rroddick@icls.org
SCHULTZ	BRENT	Housing and Neighborhood Revitalization Dir - Ontario	909-395-2317	bschultz@ci.ontario.ca.us
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
ILIZALITURRI	CHRIS	LT- Sheriff's dept	909-463-5333	cizzy@sbcisd.org
MARIN	JOSE	DPH-Spec. Proj. Coord.		
PERKINS	LOIS	Life community dev.	760-246-0691	jazzlweis@aim.com
GRIFFIN	RON	Assist. Director	909-841-6001	rgriffin@hthf.org
CLAYTOR	JOANNE	LCSW	883-8711 x377	jscmsw2000@yahoo.com
IVERSON	STACY	Children's Fund	909-379-0000	
GUILLEN	MARTHA	Probation	909-387-5832	martha.guillen@prob.sbcounty.gov
MILLER	MARGIE	CNG	909-534-2500	
RAYMUNDO	TRUDY	Director DPH		
MATA	ARACELI	SBPD	909-388-4953	mata_ar@sbcity.org
ENGELBERDT	SEAN	Staff Analyst	909-387-5982	
SMITH	ALICE	CEO	909-841-4715	
PATEL	DI		909-437-2755	di_patel@hotmail.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**

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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.

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Date      April 24, 2013

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Presenter      Tom Hernandez, Homeless Services Manager

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

Announcements	
<b>Homeless Management Information System Updates</b>	
<ul style="list-style-type: none"><li>• The Office of Homeless Services (OHS) is currently in the process of developing Memorandums of Understanding (MOUs) with agencies that participate in the Homeless Management Information System (HMIS).</li><li>• The San Bernardino County Human Services Program Development Division is in the process of assisting OHS in updating and revising the OHS Handbook to reflect new HMIS procedures that will be available to users. These changes will be presented to the HMIS Advisory Committee for their review.</li><li>• In addition, OHS has added a page for HMIS on the San Bernardino County Homeless Partnership website under the tag "HMIS". This will contain links to the HMIS portal and links to additional information. The page can be accessed at: <a href="http://www.sbcounty.gov/dbh/sbchp/HMIS.aspx">http://www.sbcounty.gov/dbh/sbchp/HMIS.aspx</a></li><li>• HMIS training is currently being revised and regular agency training will resume in May 2013. In order to maintain support for agencies, staff trainings will be conducted on a one-to-one basis until full training is resumed.</li><li>• The HMIS Advisory Committee held their last meeting on March 25, 2013; the new Chair will be Tom Hernandez. The next meeting is scheduled for June 10<sup>th</sup> from 9 a.m.- 11 a.m. at 1950 South Sunwest Lane, Suite 200, Room Suoi.</li></ul>	





## County of San Bernardino Office of Homeless Services

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### **Housing Inventory Chart and the Point-In-Time Count Data**

- All Continuums of Care (CoC) must submit a Housing Inventory Chart (HIC) and Point-In-Time Count (PITC) data through HUD's Homelessness Data Exchange (HDX). The HIC is a master chart of homeless beds in our CoC. The chart shows how many beds at each facility are designated for homeless individuals and/or homeless families. The chart also shows the population that is served by each program. Seasonal programs and programs with overflow or voucher beds are also listed.
- The HIC is closely related to the PITC and is a snapshot of what homeless providers were operating during the PITC. This year's PITC was held on January 24, 2013. The HIC lists all:
  - Emergency Shelters and beds
  - Transitional Housing Programs for the Homeless
  - Permanent Housing Programs for Formerly Homeless Persons
  - Shelter Plus Care Programs
  - Programs that receive SHP Funding
  - Programs that receive Emergency Shelter Grant Funding
  - Residential Domestic Violence Programs
  - Seasonal shelters for the homeless.
  - Safe Haven programs (none in our county)
  - Homeless Assistance beds
- The HDX was available for input beginning, Monday April 1, 2013, with final data and entry submission due to the United States Department of Housing and Urban Development (HUD) by Tuesday April 30, 2013. CoCs must submit both the data entered into the HIC module and the data entered into the PITC module by the submission deadline in order for our CoC submission to be considered complete and is part of the HUD NOFA.

### **Meeting with U.S. Department of Housing and Urban Development Field Office**

- The Housing Authority of the County of San Bernardino (HACSB), the Department of Behavioral Health (DBH), and OHS met with representatives of the local Los Angeles HUD field office to present on its progress of the new "Project HOPE" initiative.
- The meeting was attended by Mr. Chin Choi, Mr. Arnold Sison, Ms. Maria Richardson, Ms. Rhonda Milton, and Mr. Albert Proctor with a brief visit from Director William Vasquez.
- The HUD field office was pleased with the progress of both the HACSB and DBH Project HOPE.



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### Homeless and Policy Related News

- The National Alliance to End Homelessness (NAEH) will be hosting its Annual Conference on July 22-24, 2013, in Washington, D.C. at the Renaissance Hotel. For registration information please check out the following website: <http://www.endhomelessness.org/news/calendar/national-conference-on-ending-homelessness1>
- The Homeless Research Institute of the NAEH recently released its report on *the State of Homelessness in America, 2013*. The report provides an examination of homelessness, economic, housing, and demographic trends at the national and state levels (see attached Report 2A)

### Attachments

The State of Homelessness in America, 2013 – Report 2A-Attached

**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 current recommendations be continued, expanded upon, or folded into new recommendations. The Committee also recommends that some recommendations be eliminated because they were accomplished or no longer needed. These recommendations are described below and outlined in a table at the end of this paper.

**A. Current Recommendations**

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

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

3. Using funding from the American Recovery and Reinvestment Act of 2009 "Homeless Prevention and Rapid Re-Housing Program" (HPRP) for supplemental resources including rental assistance and utility assistance;

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

4. Implementing countywide homeless prevention strategies to prevent individuals or families from becoming homeless;
5. Enlisting the support of faith based organizations to help implement the goals and recommendations in this report;
6. Expanding the capacity of Homeless Management Information System (HMIS) so that agencies may make better use of data, decrease time and effort at intake, and enhance the planning and development functions of the Continuum of Care;
7. Increasing the Number of Emergency and Transitional Units;
8. Implementing a Housing First Approach;
9. Obtaining More Shelter Plus Care Certificates;
10. Increasing the Number of Permanent Housing Units with an Emphasis on the Development of Safe Havens;
11. Developing and executing a "rapid exit" strategy that focuses on early identification and resolution of the barriers to housing through case management services in order to facilitate the return of a homeless person to permanent housing as quickly as possible;
12. Implementing a Rapid Re-Housing Approach for Households with Dependent Children;
13. Conducting periodic Homelessness 101 Training concerning community issues such as:
  - 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; and
  - Distribution of current available resources and referral contacts;
14. Increasing awareness of the collaborative Justice Courts and the alternative sentencing programs that provide alternative sentencing mechanism for defendants experiencing homelessness. The collaborative Justice Courts in San Bernardino County Superior Court include:
    - Homeless Court;
    - Adult Drug Court;
    - Mental Health Court;
    - Veteran Court;
  15. Implementing an education campaign to make the community aware of the findings, guiding principles, goals, and recommendations of this report.
  16. Implementing a community outreach and education campaign that raises awareness about households at-risk of becoming homeless and provides information about resources available through homeless prevention programs. This effort should leverage the 2-1-1 System for easy access where appropriate;
  17. Formalizing protocols and improve the coordination of discharge planning;
  18. Establishing a Central Contact Center that would respond to community calls and concerns for traditional street outreach and engagement and/or assertive community treatment;
  19. Expanding Street Outreach and Engagement Services to include Multidisciplinary Practitioners and Services;
  20. Expanding Street Outreach and Engagement Services to include Volunteers from Various Community Groups;
  21. Establishing Regional "One-Stop" Centers that contain the following components:

- A standardized intake and assessment with related protocols to guarantee consistency between regional centers;
  - A wide-range of on-site or off-site social services including:
    - Employment services
    - Health care
    - Housing placement
    - Mental health care
    - Substance abuse counseling and treatment
22. Using a Comprehensive Tool that Determines Potential Eligibility for Mainstream Resources;
23. Appropriating case management services should be available to all homeless persons whether they are on the street, accessing one-stop centers, in emergency shelters or transitional housing, or receiving permanent supportive services;

Recommendations that should be eliminated include:

24. Encouraging all local jurisdictions to adopt an inclusionary housing policy that requires a percentage of new housing to be affordable to extremely-low and very low-income residents;
25. Assessing the Feasibility of a Housing Trust Fund for County and Local Levels of Government.

## **B. New Recommendations**

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

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

engage chronic homeless persons by focusing on moving them from the streets and into permanent housing with supportive services instead of providing them with supportive services alone in order to prepare them to move into shelter.

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

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

Thus, the very first recommendation is as follows:

**Recommendation 1:** Adopt and Implement a Housing First Model

A Housing First Model will be implemented that will address the needs of individuals and families who are: a) chronically homeless; b) temporarily homeless; and c) at-risk of becoming homeless. Thus, each of the recommendations in this report focuses on implementing and supporting a “balanced” Housing First Model for persons chronically, temporally, 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 homeless<sup>1</sup>**

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](http://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

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<sup>1</sup> Chronic homelessness is defined by HUD "as a person who is an unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition, who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. An episode of homelessness is a separate, distinct, and sustained stay in a place not meant for human habitation, on the streets in an emergency homeless shelter and/or in a HUD-defined Safe Haven. A chronically homeless person must be disabled during each episode. A disabling condition is defined as 'a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.' A disabling condition limits an individual's ability to work or perform one or more activities of daily living."



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Consists of several multi-disciplinary practitioners from the fields of psychiatry, nursing, psychology, and social work with increasing involvement of substance abuse and vocational rehabilitation specialists;
- Provides the services clients need directly rather than sending them to other programs for services;
- Supplies a wide variety of services to each client from the same group of specialists which means that members of the team do not have individual caseloads because the team as a whole is responsible for each client;
- Operates with a team-to-client ratio of one clinician for every ten clients;

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

### **RECOMMENDATION 3: Obtain Shelter Plus Care Certificates**

- Obtain Shelter Plus Care certificates that assist homeless individuals and families with mental disabilities, chronic substance abuse, and/or infected with HIV/AIDS by providing long-term affordable rental housing and a broad range of supportive services and treatment.

Shelter Plus Care assists homeless individuals and families with mental disabilities, chronic substance abuse, and/or infected with HIV/AIDS by providing long-term affordable rental housing and a broad range of supportive services. The goal of Shelter Plus Care is to increase the participants' independent living skills. Tenants pay no more than 30% of their adjusted monthly income for rent and the balance of their rent is subsidized by HUD.

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

### **RECOMMENDATION 4: Increase Permanent Supportive Housing Beds**

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

Permanent Supportive Housing assists homeless individuals and families with mental disabilities, chronic substance abuse, and/or infected with HIV/AIDS by providing long-term affordable rental housing and a broad range of on-site and/or off-site supportive services. The goal is also to increase independent living skills of residents who pay no more than 30% of their

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

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

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

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

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

- Are eligible for VA health care services;
- Are chronically homeless, meaning homeless for a year or more or four or more times in the past three years;
- Have a history of medical, mental health, and/or substance abuse problems 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 VAMC, geographic distribution, and VA case management resources according to HUD. PHAs administrative performance is also taken into account.

#### **b. Individuals and families who experience temporary homelessness**

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

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

#### **RECOMMENDATION 6: Implement Rapid Re-housing Strategy**

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

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

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

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

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

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

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

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

### **RECOMMENATION 7:** Target Homeless Prevention Resources and Services

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

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

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

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



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.<sup>3</sup> 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;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **On-going Recommendations**

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

#### **RECOMMENDATION 10: Ensure access to Mainstream Resources**

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

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

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

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

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

**RECOMMENDATION 11:** Expand Homeless Management Information System (HMIS)

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

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

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

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

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

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

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

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

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

Homelessness 101 Training sessions should be conducted periodically for law enforcement personnel, court officials, and others in the criminal justice system. Such sessions would focus on developing community partnerships between social service agencies, law enforcement agencies, residents, businesses, faith communities, and other community groups. Representatives from these groups will be encouraged to attend and participate as well as homeless and formerly homeless persons.

To gain support for this recommendation, participation in the monthly meetings of the Police Chiefs and the County Sheriff should occur. The sessions will also focus on other related areas of concern which include use of parks and libraries by homeless persons. In addition, community groups should be discouraged from distributing food and clothing in parks and that community groups should be encouraged to redirect their distributions to existing social service programs that serve homeless persons. The issues that are areas of concern regarding parks include:

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

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

**RECOMMENDATION 13:** Implement Coordinated Assessment and Access System

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



## **RECOMMENDATION 14: Increase Permanent Affordable Housing**

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

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

A Housing Committee will be created by the Interagency Council on Homelessness (ICH) that includes key representatives from the Homeless Provider Network Housing Committee, the Reentry Housing Committee, and ICH members. The primary purpose of the committee will be to focus on increasing the affordable housing needs of a wide-range of residents<sup>4</sup> including extremely low-income, very low-income, and low income households.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**RECOMMENDATION 15:** Increase opportunities for employment

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

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

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

### 1. Obtaining Stable Housing

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

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

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

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

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

## 2. Access to Employment Resources

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

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

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

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

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

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

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

## Summary of Changes to the 10-Year Strategy Recommendations

Recommendations in 2009 Plan	Status in 2013 Recalibrated Plan
Creating an Interagency Council on Homelessness	Accomplished
Appointing the San Bernardino County Homeless Partnership 10-Year Planning Committee as an advisory body to the Interagency Council on Homelessness	Accomplished
Using funding from the American Recovery and Reinvestment Act of 2009 "Homeless Prevention and Rapid Re-Housing Program" (HPRP) for supplemental resources including rental assistance and utility assistance;	Included in Recommendations 6 and 7
Implementing countywide homeless prevention strategies to prevent individuals or families from becoming homeless;	Included in Recommendation 7
Enlisting the support of faith based organizations to help implement the goals and recommendations in this report;	Remains as is and will be included in recalibrated 10-year plan
Expanding the capacity of Homeless Management Information System (HMIS) so that agencies may make better use of data, decrease time and effort at intake, and enhance the planning and development functions of the Continuum of Care;	Included in Recommendation 11
Increasing the Number of Emergency and Transitional Units	Addressed in Recommendation 6
Implementing a Housing First Approach	Same as Recommendation 1
Obtaining More Shelter + Care Certificates	Same as Recommendation 3
Increasing the Number of Permanent Housing Units	Same as Recommendation 4
Developing and executing a "rapid exit" strategy that focuses on early identification and resolution of the barriers to housing through case management services in order to facilitate the return of a homeless person to permanent housing as quickly as possible	Included in Recommendation 6

Implementing a Rapid Re-Housing Approach for Households with Dependent Children	Included in Recommendation 6
Conducting periodic Homelessness 101 Training	Same as Recommendation 13
Increasing awareness of the collaborative Justice Courts and the alternative sentencing programs	Remains as is and will be included in recalibrated 10-year plan
Implementing a community outreach and education campaign that raises awareness about households at-risk of becoming homeless and provides information about resources available through homeless prevention programs.	Same as Recommendation 8
Formalizing protocols and improve the coordination of discharge planning	Same as Recommendation 9
Establishing a Central Contact Center that would respond to community calls and concerns for traditional street outreach and engagement and/or assertive community treatment	Included in Recommendation 2
Expanding Street Outreach and Engagement Services to include Multidisciplinary Practitioners and Services;	Included in Recommendation 2
Expanding Street Outreach and Engagement Services to include Volunteers from Various Community Groups	Included in Recommendation 2
Implementing an education campaign to make the community aware of the findings, guiding principles, goals, and recommendations of this report.	Included in Recommendation 8
Establishing Regional "One-Stop" Centers	Included in Recommendation 13
Using a Comprehensive Tool that Determines Potential Eligibility for Mainstream Resources;	Included in Recommendation 13
Appropriating case management services should be available to all homeless persons whether they are on the street, accessing one-stop centers, in emergency shelters or transitional housing, or receiving permanent supportive services	Incorporated in several recommendations including 3, 4, 5, 6, and 13.



Encouraging all local jurisdictions to adopt an inclusionary housing policy that requires a percentage of new housing to be affordable to extremely-low and very low-income residents	Removed
Assessing the Feasibility of a Housing Trust Fund for County and Local Levels of Government	Removed and replaced with Recommendation 14 which concerns affordable housing

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

2013 San Bernardino County Homeless Count Survey Instrument

City or Unincorporated Area: \_\_\_\_\_

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

Are You Homeless Today? (Y/N)

First Initial of First Name Only (A-Z)

First Initial of Last Name Only (A-Z)

Gender - M = male & F = female

Age: please record number for age group:  
1=under 18  
2=18 to 24  
3=25 to 29  
4=30 to 39  
5=40 to 49  
6=50 to 61  
7=62 to 69  
8=70 to 79  
9=80+

Ethnicity (see instructions at bottom of page)

Have You Served on active duty in the U.S. Armed Forces or called into active duty as a member of the National Guard or as a Reservist?

Have you been living in an emergency shelter and/or on the streets or in abandoned buildings for the past year or more?

Have you stayed in an emergency shelter or on the streets 4 times or more during the last 3 years?

Do You Have a Physical Disability?

Do You Have a Developmental Disability?

Do You Have a Chronic Health Condition such as Diabetes, Heart Trouble, High Blood Pressure, Seizures, Hepatitis, Respiratory Problems, Epilepsy, Tuberculosis, or Arthritis?

Do You Have a Mental Health Problem?

Do You Have a Drug or Alcohol Problem?

Have You Ever Been a Victim of Domestic or Intimate Partner Violence?

During the Last 12 Months, Were You Released from a Correctional Institution?

If Yes, Did the Correctional Institution Provide You With Information Before Your Release about Housing, Social Services, Transportation, etc.?

How many Children do you have under Age 18 who are Homeless & Living With You Today?

Is Your Spouse or Partner Living with you today? If "Yes," Record Answers to same Questions for Spouse or Partner in Following Shaded Row.

Is Your Spouse or Partner Living with you today? If "Yes," record answers to same questions for Spouse or Partner in Shaded Row.

Ethnicity: 1 = African American or Black; 2 = American Indian or Alaskan Native; 3 = Asian or Pacific Islander; 4 = Hispanic or Latino; 5 = White; and 6 = Other  
\*A Partner is a person you live with and share a common family life but are not joined in a traditional marriage. ©Institute for Urban Initiatives

Ethnicity: 1 = African American or Black; 2 = American Indian or Alaskan Native; 3 = Asian or Pacific Islander; 4 = Hispanic or Latino; 5 = White; and 6 = Other  
\*A Partner is a person you live with and share a common family life but are not joined in a traditional marriage. ©Institute for Urban Initiatives

# April 2013

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Central City Lutheran Mission  
CityLink Outreach  
Water of Life Community Church  
City of Adelanto City Offices  
City of Chino Community Services  
City of Chino Police Department  
City of Chino Hills City Offices  
City of Colton  
Lawrence Hutton Community Center  
City of Grand Terrace City Offices  
City of Highland City Offices  
City of Loma Linda City Offices

City of Ontario Housing Agency  
City of San Bernardino Office of the Mayor  
City of Upland Parks and Recreation  
County of San Bernardino Human Services  
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Transitional Assistance Department  
Workforce Development Department  
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Good Shepherd Lutheran Church  
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Central Sheriff Station  
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Chino Police Department  
City of Rialto Code Enforcement  
Colorado River Sheriff Station  
Colton Police Department  
Fontana Police Department  
Fontana Sheriff Station  
Hesperia Sheriff Station  
Highland Sheriff Station  
Montclair Police Department  
Morongo Basin Sheriff Station

Ontario Police Department  
Rancho Cucamonga Police Department  
Redlands Police Department  
San Bernardino Police Department  
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Victor Valley Sheriff Station  
Victorville Police Department  
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 Desert Communities United Way  
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 High Desert Homeless Shelter  
 Inland Temporary Homes  
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 Mercy House  
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## I. Executive Summary

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

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

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

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

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

Table 1. Jurisdictions with Largest Number of Homeless Persons

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

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

Table 2. Number of Homeless Persons in Other Jurisdictions

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



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

\*represent unincorporated communities.

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

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

Table 3. Unsheltered Homeless Subpopulations by All Jurisdictions

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

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

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

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

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

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

Next steps include the following six recommendations:

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

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

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

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

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

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

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

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

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

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

Ending homelessness for larger number of persons within the subpopulation categories below can be achieved in three years. For example, as noted in the table below, the number of chronic homeless persons in 2013 can be reduced by half (from 40 persons to 20) during 2014, by half (20 persons to 10) during 2015, and by 100% (from 10 persons to 0 persons) during 2016. Again, it is worth noting that each subpopulation category is not mutually exclusive and that ending homelessness for one person will reduce the number of homeless persons in one or more subpopulation categories.

Table 5: Baseline and Benchmarks for Subpopulations

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

\*% connotes reduction.

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

## Recommendations 2 - 6

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- **Other Recommendations**

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

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

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



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

## **II. Background Information**

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

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

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

### **Who was counted?**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **III. Methodology**

#### **Unsheltered Count and Subpopulation Survey**

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

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

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

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

The County was divided into the following organizational regions:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **3. Implementing the Count and Subpopulation Survey**

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

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

<b>First Initial</b>	<b>Last Initial</b>	<b>Gender</b>	<b>Ethnicity</b>	<b>Age Code</b>	<b>State Born</b>
W	T	M	5	6	CA

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

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

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



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

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

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

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

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

Other subpopulation data was also collected for

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

- Youth Ages 18 to 24.

#### Sheltered Count and Subpopulation Survey

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

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

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

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

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

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

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

# Appendix A

## 2013 San Bernardino County Homeless Count Survey Instrument

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

City or Unincorporated Area: \_\_\_\_\_

Are You Homeless Today?	First Name Only	First Initial	First Last Name Only	Age: please record number for age group: 1=under 18 2=18 to 24 3=25 to 29 4=30 to 39 5=40 to 49 6=50 to 61 7=62 to 69 8=70 to 79 9=80+	Ethnicity (see instructions at bottom of page)	Gender - M = male & F = female	Have You Served on active duty in the U.S. Armed Forces or been living in an emergency shelter and/or on the streets of the abandoned buildings for the past year or more?	Do You Have a Physical Disability?	Do You Have a Developmental Disability?	Do You Have a Chronic Health Condition such as Diabetes, Heart Trouble, High Blood Pressure, Seizures, Hepatitis, Respiratory Problems, Epilepsy, Tuberculosis, or Arthritis?	If yes, does this condition limit your ability to get or keep a job or take care of personal matters?	Have You Ever Been a Victim of Domestic Violence or Intimate Partner Violence?	Do You Feel You Have a Mental Health Problem?	Do You Have a Drug or Alcohol Problem?	During the Last 12 Months, Were You Released from a Correctional Institution?	If Yes, Did the Correctional Institution Provide You With Information Before Your Release about Housing, Social Services, Transportation, etc.?	How many children do you have today? If "Yes," Record 18 or more.	Is Your Spouse or Partner* Living with you today? If "Yes," Record Answers to same Questions for Spouse or Partner in Following Row.
Y N	A	B		4	1	M											3	
Y N						F	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N		Y N
Spouse/ Partner						M	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N		Y N
Y N						F	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N		Y N
Spouse/ Partner						M	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N		Y N
Y N						F	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N		Y N
Spouse/ Partner						M	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N		Y N
Y N						F	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N		Y N
Spouse/ Partner						M	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N		Y N
Y N						F	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N		Y N
Spouse/ Partner						M	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N		Y N
Y N						F	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N		Y N
Spouse/ Partner						M	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N		Y N

Ethnicity: 1 = African American or Black; 2 = American Indian or Alaskan Native; 3 = Asian or Pacific Islander; 4 = Hispanic or Latino; 5 = White; and 6 = Other

\*A Partner is a person you live with and share a common family life but are not joined in a traditional marriage. ©Institute for Urban Initiatives

## Appendix B: Subpopulation Data for Unsheltered Population

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

### 1. Gender

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

### 2. # of Children

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

### 3. # of Families

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

### 4. Ethnicity

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

### 5. Age

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

### 6. State Born

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

7. Chronic Homeless Individuals

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

8. Chronic Homeless Families

- There were two (2) chronic homeless families;

9. Mentally Ill

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

10. Persons Homeless 1 Year or More

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

11. Persons Homeless 4 Times or More in 3 Years

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

12. Persons Released from Correctional Institutions

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

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

13. Persons with Chronic Health Conditions

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

14. Persons with HIV/AIDS

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

15. Persons with Developmental Disabilities

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

16. Persons with Physical Disabilities

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

17. Substance Abusers

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

18. Veterans

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

19. Victims of Domestic Violence

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



# \$2 Billones disponibles para ayudar propietarios de casa en California evitar ejecuciones hipotecarias. **Averigüe si usted califica.**



## Ayuda Hipotecaria por Desempleo

Provee ayuda temporal a propietarios de viviendas elegibles, que han sufrido una pérdida de desempleo involuntario.



## Programa de Ayuda para Reinstauración Hipotecaria

Ayuda a propietarios de viviendas elegibles, a reinstaurar su primer préstamo hipotecario si se han retrasado en sus pagos debido a problemas financieros a corto plazo.



## Programa de Reducción del Saldo Principal

Ayuda a propietarios de viviendas elegibles, que han sufrido una dificultad financiera, a obtener pagos de hipoteca sustanciosos mediante la reducción del saldo principal de sus hipotecas.



## Programa de Ayuda de Transición

Provee ayuda financiera una sola vez, a propietarios de vivienda que son elegibles, para que tengan una transición hacia una nueva vivienda después de una venta corta (*short sale*) o, programa de escritura en lugar de ejecución hipotecaria (*deed-in-lieu of foreclosure*).

## REQUISITOS BÁSICOS DE ELEGIBILIDAD

### Requisitos básicos de elegibilidad del prestatario:

- + Ser dueño o dueña de una casa y ocuparla como su residencia primaria
- + Cumplir con límites de ingresos bajos o moderados
- + Experimentar una situación adversa documentada
- + Tener ingresos adecuados para satisfacer los pagos de una hipoteca modificada
- + Estar en mora con sus pagos del préstamo o en peligro inminente de incumplimiento (*default*)

### Requisitos básicos de elegibilidad de la propiedad:

- + El saldo del principal pendiente no excede de \$729,750
- + La propiedad no debe estar abandonada, vacante o condenada
- + La propiedad debe estar ubicada en California

Para ver los requisitos de elegibilidad específicos de cada programa, visite el siguiente sitio en la Web: [www.ConservaTuCasaCalifornia.org](http://www.ConservaTuCasaCalifornia.org)

## INFÓRMATE SOBRE CONSERVA TU CASA CALIFORNIA

Visita [www.ConservaTuCasaCalifornia.org](http://www.ConservaTuCasaCalifornia.org) | [www.KeepYourHomeCalifornia.org](http://www.KeepYourHomeCalifornia.org)

Llama **888.954.KEEP (5337)**





# \$2 Billion available to help struggling California homeowners avoid foreclosure.

## Find out if you qualify.



### Unemployment Mortgage Assistance

Provides temporary assistance to eligible homeowners who have suffered involuntary unemployment.



### Mortgage Reinstatement Assistance Program

Helps eligible homeowners reinstate their first mortgage loan if they have fallen behind due to short-term financial problems.



### Principal Reduction Program

Helps eligible homeowners who have suffered a financial hardship obtain sustainable mortgage payments by reducing principal loan balances.



### Transition Assistance Program

Provides one-time funds to help eligible homeowners transition into new housing after executing a short sale or deed-in-lieu of foreclosure.

## ELIGIBILITY REQUIREMENTS

### Basic homeowner requirements:

- + Own and occupy the home as primary residence
- + Meet program income limits
- + Have documented, eligible hardship
- + Adequate income to sustain modified mortgage payments
- + Mortgage loan is delinquent or in imminent default

### Basic property requirements:

- + Unpaid principal balance does not exceed \$729,750
- + Property must not be abandoned, vacant or condemned
- + Property must be located in California

To see specific eligibility requirements for each program, please refer to [www.KeepYourHomeCalifornia.org](http://www.KeepYourHomeCalifornia.org)

## FIND OUT MORE ABOUT **KEEP YOUR HOME CALIFORNIA**

Visit [www.KeepYourHomeCalifornia.org](http://www.KeepYourHomeCalifornia.org) | [www.ConservaTuCasaCalifornia.org](http://www.ConservaTuCasaCalifornia.org)

Call **888.954.KEEP (5337)**

# Need Help With Your Mortgage?

Making Home Affordable (MHA) programs offer a range of solutions, providing mortgage relief and alternatives to foreclosure.

IS THIS YOU?	WANT TO TAKE ADVANTAGE OF LOW INTEREST RATES?	UNEMPLOYED? EARNING LESS THAN BEFORE?	STRUGGLING TO MAKE YOUR MORTGAGE PAYMENTS?	NEED TO LEAVE YOUR HOME?
<b>1</b> You Might Be Eligible For...	<b>Mortgage Refinance</b> Provides an opportunity to refinance your existing mortgage at today's historically-low interest rates. You may be able to reduce the term of your loan, build equity faster, and experience greater savings over the long-term.	<b>Unemployment Assistance</b> Provides a break from making your regular mortgage payment or help paying your mortgage while you search for your next job.	<b>Mortgage Modification</b> Provides a permanent change to your mortgage terms to make mortgage payments more affordable and sustainable for the long-term.	<b>SHORT SALE OR DEED-IN-LIEU OF FORECLOSURE (DIL)</b> A short sale lets you sell your house for its current market value, even though you owe more on your mortgage. Through a DIL, you give the title back to your mortgage company.
<b>2</b> Find the Solution to Make Your Home More Affordable...	<b>The Home Affordable Refinance Program (HARP)</b> allows you to refinance your existing mortgage, even if you owe more on your home than the home is worth. Additionally, in some states, Hardest Hit Fund (HHF) Programs provide additional refinance options.	<b>The Home Affordable Unemployment Program (UP)</b> temporarily reduces or suspends your mortgage payments for 12 months or more. Alternatively, in some states, Hardest Hit Fund (HHF) Programs make your payments for you while you look for work.	<b>The Home Affordable Modification Program (HAMP)</b> permanently changes your loan by adjusting the interest rate, extending the term, and/or forbearing or forgiving principal, typically resulting in a savings of more than \$500 each month. Some states also have Hardest Hit Fund (HHF) Programs to help lower your mortgage payments.	<b>The Home Affordable Foreclosure Alternatives (HAFA)</b> short sale and DIL programs release you from any remaining mortgage debt and may provide \$3,000 in relocation assistance. In some states, Hardest Hit Fund (HHF) Programs also help you transition from homeownership.
<b>3</b> Here's What To Do...	<ul style="list-style-type: none"> <li>Visit <a href="http://MakingHomeAffordable.gov">MakingHomeAffordable.gov</a> to learn more about MHA and about the Hardest Hit Fund programs available in 18 states plus the District of Columbia.</li> <li>Effective June 1 2012, MHA expanded its eligibility, creating new opportunities for help. If you rent to a tenant, you've been turned down in the past, or your HAMP modification didn't work out, you may now be eligible. Visit <a href="http://MakingHomeAffordable.gov">MakingHomeAffordable.gov</a> or call 888-995-HOPE (4673) to speak to a HUD-approved housing expert for more information.</li> <li>Gather your financial documents. Most programs require a documented financial hardship and verified income to qualify for assistance.</li> <li>Visit <a href="http://MakingHomeAffordable.gov">MakingHomeAffordable.gov</a> to download and submit the Request for Mortgage Assistance to your mortgage company.</li> </ul>			

## QUICK TIPS

**ACT NOW! DON'T DELAY!** MHA programs end in December 2013. The sooner you seek help, the more options you'll have.

**DON'T GIVE UP.** If you do not qualify for MHA, don't give up. Ask your mortgage company what other options might be right for you.

**ASK QUESTIONS.** Programs vary. If your mortgage is owned, insured, or guaranteed by Fannie Mae, Freddie Mac, FHA, VA, or USDA, ask your mortgage company what options are available to you.

**AVOID SCAMS.** You should never be charged upfront to get help. Speak to a HUD-approved housing expert for free.



REAL HELP. REAL ANSWERS. RIGHT NOW.

# ¿Necesita Ayuda con su Hipoteca?

Los Programas Making Home Affordable (MHA) ofrecen una variedad de soluciones proporcionando ayuda con problemas hipotecarios y alternativas a la ejecución hipotecaria.

## ¿ESTE ES USTED?

1

**Usted podría ser elegible para...**

2

**Encuentre la solución para hacer su vivienda más asequible...**

3

**Esto es lo que debe hacer...**

### ¿QUIERE APROVECHAR LAS BAJAS TASAS DE INTERÉS?

#### Refinanciamiento de su Hipoteca.

Proporciona una oportunidad de refinanciar su hipoteca a las históricas bajas tasas de interés de hoy. Podría reducir el plazo de su préstamo, acumular capital más rápido, y obtener mayores ahorros a largo plazo.

El Programa de Refinanciamiento Home Affordable (HARP) le permite refinanciar su hipoteca existente, aunque usted deba más de lo que su hogar vale. Además, en algunos Estados, los Programas del Fondo de Innovación Hardest Hit (HHF) proporcionan opciones de refinanciamiento adicionales.

### ¿DESEMPLEADO? ¿GANANDO MENOS QUE ANTES?

#### Ayuda con Desempleo.

Proporciona un descanso de tener que hacer sus pagos hipotecarios regulares o ayuda para pagar su hipoteca mientras busca su próximo empleo.

El Programa de Desempleo Home Affordable (UP) reduce temporalmente o suspende sus pagos hipotecarios por 12 meses o más. Alternativamente, en algunos Estados, los Programas del Fondo de Innovación Hardest Hit (HHF) hacen sus pagos mientras usted busca empleo.

### ¿LUCHANDO PARA PAGAR SU HIPOTECA?

#### Modificación de Hipoteca.

Proporciona un cambio permanente de los términos de su hipoteca para hacer estos más económicos y sostenibles a largo plazo.

El Programa de Modificación Home Affordable (HAMP) cambia permanentemente su préstamo ajustando la tasa de interés, extendiendo el plazo, y/o difiriendo o perdonando el principal, típicamente resultando en un ahorro de \$500 cada mes. Algunos Estados también tienen los Programas del Fondo de Innovación Hardest Hit (HHF) para ayudar a reducir sus pagos hipotecarios.

### ¿NECESITA DEJAR SU VIVIENDA?

#### Venta al descubierto o corta (short sale) o escritura en lugar de la ejecución hipotecaria (DIL).

Una venta al descubierto le permite vender su casa al precio actual del mercado, aunque usted deba más en su hipoteca. Con un (DIL), usted le devuelve el título a su compañía hipotecaria.

El Programa de Alternativas a la Ejecución Hipotecaria (HAFA) con su venta al descubierto y DIL lo liberan de cualquier deuda hipotecaria restante y podrían proporcionarle \$3,000 en ayuda para mudarse. En algunos Estados, los Programas del Fondo de Innovación Hardest Hit (HHF), también lo ayudan a dejar su vivienda.

- Visite [MakingHomeAffordable.gov](http://MakingHomeAffordable.gov) para aprender más sobre los Programas del Fondo de Innovación Hardest Hit disponibles en 18 Estados más el Distrito de Columbia.
- Efectivo el 1 de junio 2012, MHA expandió su elegibilidad, creando nuevas oportunidades de ayuda. Si usted alquila a un inquilino, ha sido rechazado en el pasado, o su modificación HAMP no resultó, ahora podría ser elegible. Visite [MakingHomeAffordable.gov](http://MakingHomeAffordable.gov) o llame al 888-995-HOPE (4673) para hablar con un experto aprobado por HUD para más información.
- Reúna sus documentos financieros. La mayoría de los programas requieren documentos que prueben sus dificultades financieras y verificación de sus ingresos para obtener asistencia.
- Visite [MakingHomeAffordable.gov](http://MakingHomeAffordable.gov) para bajar y someter su Solicitud de Asistencia Hipotecaria a su compañía hipotecaria.

## INFORMACIÓN IMPORTANTE

**¡ACTÚE AHORA MISMO! ¡NO ESPERE!** Los programas MHA terminan en diciembre 2013. Mientras más pronto busque ayuda, mayores opciones tendrá.

**NO SE RINDA.** Si no califica para MHA, no se rinda. Pregúntele a su compañía hipotecaria cuáles otras opciones podrían ser favorables para usted.

**HAGA PREGUNTAS.** Los programas varían. Si su hipoteca le pertenece, esta asegurada, o garantizada por Fannie Mae, Freddie Mac, FHA, VA, o USDA, pregúntele a su compañía hipotecaria cuáles opciones hay disponibles para usted.

**EVITE ESTAFAS.** Nunca debe pagar para conseguir ayuda. Hable con un experto en viviendas aprobado por HUD gratis.



AYUDA VERDADERA. RESPUESTAS REALES. AHORA.

## Resources for Homeowners

These non-profit housing counseling agencies are approved by the U.S. Department of Housing and Urban Development (HUD) and provide services to homeowners at no cost. Call or register online for an appointment. Information on upcoming free foreclosure prevention workshops can also be found at: [www.saveyourhomesbcounty.org](http://www.saveyourhomesbcounty.org).

Agency	Office Location	Contact Information
<b>HomeStrong USA</b>	8711 Monroe Court, Suite A Rancho Cucamonga CA 91730	(877) 647-8764 <a href="http://www.homestrongusa.org">www.homestrongusa.org</a>
<b>IFHMB</b> Inland Fair Housing and Mediation Board	Offices in Rancho Cucamonga, San Bernardino, Victorville, Indio and Barstow.	(800) 321-0911 <a href="http://www.ifhmb.com">www.ifhmb.com</a>
<b>NACA</b> Neighborhood Assistance Corporation of America	241 S. Market Street Inglewood, CA 90301	(888) 302-6222 <a href="http://www.naca.com">www.naca.com</a>
<b>NPHS</b> Neighborhood Partnership Housing Services	320 West "G" Street Ontario, CA 91762	(909) 988-5979 <a href="http://www.nphs.info">www.nphs.info</a>
<b>NHSIE</b> Neighborhood Housing Services of the Inland Empire, Inc.	1390 N. "D" Street San Bernardino CA 92405	(909) 884-6891 <a href="http://www.nhsie.org">www.nhsie.org</a>
<b>NID Housing Counseling Agency</b>	2050 N. Mt. Vernon Ave. San Bernardino CA 92411	(866) 993-4643 <a href="http://www.nidonline.org">www.nidonline.org</a>

***Prepare in advance for your telephone or in-person counseling session:***

*Have the following documents on hand. Ask if there are other documents you will need when you call to make your appointment:*

- Most recent mortgage statement
- Most recent W2's (two years)
- Most recent tax return
- Most recent pay stubs
- If self-employed, most recent income statement
- List of monthly expenses (including credit cards, auto loans, utilities, etc.)